


Agency Nurses' perceptions of job satisfaction within Critical Care Units in private healthcare institutions

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DECLARATION

By submitting this research assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the authorship owner thereof and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

Date:

ABSTRACT

Agency-nursing work refers to nursing services provided by agency nurses employed on a casual, contracted basis. Agency-nursing has become more common in nursing practice in South Africa. This group of nurses play a significant role within the health care industry for both public and private sector. Given the pivotal role that nurses play in caring for the health of others, it is important to understand what motivates agency nurses in terms of job satisfaction. The aim of the study was to explore the perceptions of agency nurses regarding job satisfaction within critical care units in private health care institutions in the Western Cape.

A qualitative research design with a phenomenological approach was applied. A sample size of $n=10$ was drawn from a total population of $N=553$, using random sampling technique. A semi-structured interview guide was designed based on the objectives of the study and validated by experts in the field before data collection. Ethical approval for the study was obtained from the Ethics Committee at the Faculty of Health Sciences, University of Stellenbosch. Permission to conduct the research was obtained from the participating nursing agency and consent was given in writing.

The presentation of the results was categorised into themes and sub-themes emerged from the data analysis. The five clusters of themes that emerged were reasons for doing agency work, experiences with hospital staff, allocation of agency nurses, communication of information and staff development.

The findings support Herzberg's theory on motivation factors in terms of what motivates workers to excel in their performance. Agency nurses experienced both positive and negative aspects with regards to job satisfaction. The results of the study suggest the need to include revision and implementation of human resource policies and practices to include the nurses' "voice" in an effort to provide a more supportive work environment. Further research is recommended.

Key Words: Agency nurse, nursing agency, job satisfaction

OPSOMMING

Agentskapverplegingswerk verwys na verplegingsdienste wat voorsien word deur agentskapverpleegsters wat op 'n tydelike, gekontrakteerde basis in diens geneem word. Agentskapverpleging het meer algemene gebruik in die verpleegpraktyk in Suid-Afrika geword. Hierdie groep verpleegsters speel 'n belangrike rol in die gesondheidsbedryf vir beide die openbare en die private sektor. Gegee die deurslaggewende rol wat verpleegsters speel in die gesondheidsversorging van ander mense, is dit belangrik om te verstaan wat agentskapverpleegsters motiveer vanuit die oogpunt van werksbevrediging. Die doel van die studie was om die persepsies en ervarings van agentskapverpleegsters ten opsigte van werksbevrediging te ondersoek binne die waakeenhede in private gesondheidsorg-inrigtings in die Wes-Kaap.

'n Kwalitatiewe navorsingsontwerp met 'n fenomenologiese benadering is toegepas.

'n Monstergrootte van $n=10$ is geneem uit 'n populasie van $N= 553$ deur die ewekansige steekproeftegniek te gebruik. 'n Semi-gestruktureerde onderhoudgids was ontwerp en gebaseer op die doelwitte van die studie en was deur deskundiges op hierdie gebied, voor die insameling van data, gelding verklaar. Etiese goedkeuring vir die studie was verkry van die Etiese Komitee van die Fakulteit van Gesondheidswetenskappe, Stellenbosch Universiteit. Goedkeuring om die navorsing te doen, was verkry van die deelnemende agentskap en toestemming was op skrif geplaas. Die voorgelegde resultate was gekategoriseer in temas en subtemas wat uit die data-analise voortgespruit het. Die vyf groepe van temas wat hieruit gespruit het, is redes vir die keuse om agentskapwerk te doen, ervarings met hospitaalpersoneel, die toewysing van agentskapverpleegsters, kommunikasie van inligting en personeelontwikkeling.

Die bevindinge het onthul dat Herzberg se teorie oor motiveringsfaktore werkers aangemoedig het om te presteer in die uitvoering van hulle pligte. Werksbevrediging is volgehou deur die agentskapverpleegster. Die bevindings dui op die behoefte om die hersiening en implementering van menslike hulpbronbeleidsverklarings en -praktyke in te sluit sodat die verpleegster se stem gehoor kan word in 'n poging om 'n meer ondersteunende werkomgewing te voorsien. Verdere navorsing word aanbeveel.

Sleutelwoorde: Agentskapverpleegster, verplegingsagentskap, werksbevrediging

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ABBREVIATIONS

ANASA	Association of Nursing Agencies for South Africa
BCEA	Basic Conditions of Employment
CCN	Critical Care Nurse
CCU	Critical Care Unit
ECG	Endocardiogram
ER	Emergency Room
ICN	International Counsel of Nurses
ICU	Intensive Care Unit
MHR	Medical Human Resource
RNs	Registered Nurses
SANC	South African Nursing Council
UM	Unit Manager
USA	United States of America
WHO	World Health Organisation
SANC	South African Nursing Council
SARS	South African Revenue Service

CHAPTER 1

SCIENTIFIC FOUNDATION OF THE STUDY

1.1 INTRODUCTION

Agency-nursing work refers to nursing services provided by agency nurses employed on a casual, contracted basis (Manias, Aitken, Peerson, Parker, & Wong, 2003:269). According to Rispel (2008:16-17), agency-nursing or casualization of labour, also called moonlighting, has become more common in nursing practice in South African healthcare institutions.

Agency- nursing services are utilised by private healthcare institutions to address the severe shortage of nurses (Dorse, 2008: np). Private healthcare institutions are defined as 'private' by reason of them making a profit. They are units where the staff delivering health services are employed by a sole trader, partnership or registered business and the cost of services are recovered from fees paid for service (Khotu, 2006:np).

The researcher has however observed an increase in utilisation of agency nurses especially in the critical care units of the private healthcare institutions. A critical care unit (CCU), also known as an intensive care unit (ICU), is a hospital unit where patients with life-threatening conditions receive close monitoring and constant medical care (Definitions on critical care, 2010:np). Gillespie confirms the shortage of critical care nurses within the Western Cape in the private healthcare institutions (2006:50).

Odendaal and Nel (2005:95-100) postulate that nurses working in CCUs are burdened by heavy workloads and conflict. Hence the work environment in these units is marked with dissatisfaction amongst the nurses.

Melnyk (2006:201-204) proposed that job satisfaction is an employee's feeling about his or her work environment and includes the job itself, the supervisor, the work group, the organisation and personal fulfilment. Job satisfaction relates to how nurses feel about their work life. Due to the fact that the demand for agency nurses in CCUs has increased and given the pivotal role that nurses play in caring for the health of others, it is important to understand what motivates agency nurses in terms of job satisfaction. Therefore, through this study, the researcher endeavours to explore the perceptions of agency nurses in CCUs with regards to job satisfaction.

1.2 RATIONALE

There is an increased demand for agency nurses in healthcare institutions around the world which is attributed to the perennial shortage of nurses (Manias et al., 2003:269-270). The World Health Organisation (2006:11-12) confirms a shortage of more than 4 million doctors, nurses, midwives and other healthcare professionals. A South African report by Wildschut & Mqolozana (2008:11) affirms a shortage of 10 250 registered nurses and 4 120 primary healthcare nurses.

Various factors contribute to the shortages of nurses and dissatisfaction with their current jobs plays a remarkable role. A study in the United States confirms that 41% of nurses currently working are dissatisfied with their jobs and that 22% are planning to leave their jobs within the next year (Haut, Sicoutris, Meredith, Sonnad, Reilly, Schwab, Hanson & Gracias, 2006:387).

In South Africa nurses leaving their jobs also contributes towards the current nurse shortages. Rispel (2008:17) reports a 10% loss of staff in the general nursing areas, and within the specialised nursing areas of the public sector a 15% loss of staff was experienced.

In addition, there appears to be a growing trend for professional nurses to prefer casual employment instead of permanent status (Rispel, 2008:11). This preference for casual employment is reflected in the databases of various agencies. The database of one agency shows an increase of agency nurses from 12 500 in 2005 to 16 437 in 2009 (Medical Human Resources, 2009; Medi-Clinic Corporate, 2009:39). Another South African nursing agency reports a database of 50 000 nurses (Walter, 2009:02). This is affirmed by Dorse (2008:09) who reports that due to a shortage of permanently employed nursing staff, the component of hospital nursing staff comprises of 49% agency nurses.

The researcher also detected a tendency amongst critical care nurses to embark on agency nursing work in CCUs of private healthcare institutions. Gillespie (2006:55) mentions a movement of critical care nurses from public to private sector and states that this movement is motivated by financial considerations. Scribante and Bhagwanjee (2007:1316) reaffirm that the majority of critical care units are staffed by agency nurses.

Agency nurses engage in agency nursing work for various reasons. Almost 95% of the nursing profession are female and 40% of this total, are single parents (Armstrong, 2010: np). Agency nursing allows for flexibility and enables single parents to determine their own shift availability. Increasingly, the work life balance between work and home/family life has become more important and flexibility is one of the main attractions of agency nursing work.

Employees, more especially women, prefer greater flexibility as this is a benefit when raising children (Hoban, 2004:23-24).

It was identified that one of the most attractive benefits and contentious advantages of working for an agency, is the rate of remuneration. Due to the unpredictable nature of the agency shift, agency nurses are paid more than permanent staff. An example of an unpredictable shift is being called at 01h00 in the morning to go on duty (Hoban, 2004:23-24).

Due to the increased demand for agency nurses, agencies can also charge their clients more in order to obtain higher rates for the agency nurses as well as for themselves. The hourly pay, otherwise known as the rate of pay, for agency nurses is particularly attractive to nurses that have specialised in specific areas such as critical care units and theatre. The tariff structure is much higher for these specialised units. In addition, other financial benefits exist for agency nurses, namely, accrued holiday pay, travel and petrol allowances and special deals with companies offering insurance. These financial advantages make agency work attractive to nurses (Hoban, 2004:23-24).

A further attraction afforded by agency nursing is the variety of work that is offered. This variety of work enables the agency nurse to accrue new experiences and skills as they are exposed to different working environments that range from general departments to highly specialised units. Exposure to different departments together with a variety of policies and procedures at the various healthcare institutions results in the agency nurse utilizing the best aspects of each practice (Hoban, 2004:23-24). However, working in a variety of units could also have a negative impact. Instead of agency nurses being given a more critically ill patient that requires specialised care, they often get the more straightforward cases that require basic care only. Thus the variety of skills that they may acquire, are not always effectively utilised. One study reports that agency nurses should be allocated to one particular unit on a regular basis, thus reducing the phenomenon of deskilling (Hass, Coyer & Theobald, 2006:148).

Agency nursing allows for education and career development opportunities to be pursued. This is appropriate for nurses wanting to study full time and work part time. The flexible shifts enable an agency nurse to further his or her education (Hoban, 2004:23-24). Nursing agencies also send nurses for training that is provided via 'in-house' workshops, training sessions at universities and hospitals and the attendance of congresses or symposiums; all at the cost of the agency. This benefits not only the agency nurse, but also the nursing

agency and the company or persons utilising the services of the agency nurse (Hass et al., 2006:150).

An added benefit, not easily found in other health institutions, is the autonomy this form of work allows the agency nurses. Finn (2001:356) reports that autonomy is one of the most important job components and recommends that autonomy increases job satisfaction. Professional nurse autonomy is an essential characteristic of a discipline that is striving for full professional status. Professional autonomy is defined as a belief in the centrality of the client when making responsible discretionary decisions. These decisions can be independently or interdependently made and should reflect advocacy for the client/patient (Wade, 1999:310). Important attributes of autonomy include caring and proactive advocacy for client/patients. There are associated feelings of empowerment which are linked to work and professional autonomy that lead to job satisfaction (Wade, 1999:310). Autonomy plays an important role in nurses' job satisfaction and retention. Nurses are often dissatisfied in this regard and want better working conditions and greater autonomy in decision-making (Mrayyan, 2004:326).

A reputable nursing agency, according to Hoban (2004:23-24), will consider the nurses' experience before committing to a placement. The agency has to inform the client (hospital or clinic) whether there is a nurse available that suits the specific needs of the institution. In addition, the agency needs to inform the nurse, prior to confirming a placement, about the type of skill or experience required for the particular shift. If the nurse is not suitably qualified, that is he/she lacks the skill or experience required, the agency nurse must decline the shift. However, it is interesting to note, that despite the considerable experience or postgraduate qualification an agency nurse may possess, the need to be familiar with the work environment and technology has a significant impact on the confidence of the nurse (Hass et al., 2006:149).

It is therefore clear that nurses are motivated by a range of substantial reasons to engage in agency work. However, despite the various obvious benefits of engaging in casual labour or agency work, this form of work also presents with a significant number of negative aspects. Hass, Coyer and Theobald (2006:146-148) report that a poor relationship exists between agency nurses and permanent nursing staff in the critical care units. Moreover, Odendaal and Nel (2005:95-100) postulate that the critical care work environment is characterised by conflict and tensions and that poor relationships exist amongst the critical care nurses and the doctors.

Agency nurses are often not welcomed or actively supported when entering a critical care unit or ward. Furthermore, Manias et al. (2003:274) postulate that agency nurses continue to struggle against a feeling of wariness and isolation from permanent staff.

The experience of a “sense of belonging” encourages good teamwork, however, when a feeling of wariness and isolation exists between permanent nurses and agency nurses, team work is often lacking. Teamwork is easier to develop if a healthy relationship exists between permanent nurses and agency nurses (Hass et al., 2006:144-153).

The researcher in capacity as manager of a nursing agency also confirms a lack of confidence of the permanent staff towards agency nurses. This lack of confidence contributes to feelings of insecurity and diminished self assurance of the agency nurse. This explains the reason why there are concerns regarding the quality of patient care provided by agency nurses. Lack of confidence could have an unfavourable effect on the delivery of quality care to patients. In the Rispel report (2008:18), Mabuda affirms that the standard of care delivered by agency nurses is of a poor standard.

As described, nurses engage in agency work for various obvious and practical reasons. Yet, this form of labour consists of various aspects which do not actually contribute towards job satisfaction. It has therefore become essential, to explore the perceptions of agency nurses regarding job satisfaction as well as what really motivates them to embark on this form of employment.

1.3 PROBLEM STATEMENT

As stated in the rationale there is a greater reliance on agency nurses by private healthcare institutions. This greater reliance can be ascribed to the global nurse shortages and is also evident in critical care units of private healthcare institutions. The tendency of agency nurses to opt for critical care units can be attributed to the financial benefits embedded within private practice.

Nevertheless, the atmosphere in critical care units is not always conducive to sound working environments, which could have an adverse effect on job satisfaction. However, despite the various difficulties that agency nurses experience in the clinical field, the numbers of nurses opting for casual labour are increasing. It was therefore important to scientifically investigate the perceptions of agency nurses with regards to job satisfaction within the critical care units (CCUs) of the private healthcare institutions.

1.4 RESEARCH QUESTION

What are the perceptions of agency nurses regarding job satisfaction within CCUs in private healthcare institutions?

1.5 GOAL

The goal of the study was to explore the perceptions of agency nurses regarding job satisfaction within CCUs in private healthcare institutions in the Western Cape.

1.6 RESEARCH OBJECTIVES

The objectives set for this study are to determine the:

- Opinions with regard to job satisfaction as experienced by agency nurses
- intrinsic factors influencing job satisfaction of an agency nurse
- extrinsic factors influencing job satisfaction of an agency nurse

1.7 RESEARCH METHODOLOGY

A brief overview of the research methodology applied in this study is provided in the current chapter while a detailed report follows in chapter three.

1.7.1 Research Design

A qualitative research design with a phenomenological approach was applied to explore the perceptions and experiences of agency nurses regarding job satisfaction in CCUs in private healthcare institutions.

1.7.2 Population and Sampling

The population for this study consisted of professional nurses working in CCUs in private healthcare institutions as agency nurses on a full time or part time basis for at least two years. The total population comprises of 553 agency nurses at the selected agency, working in critical care units of private healthcare institutions.

The names of the participants were on an excel spreadsheet and each of the 553 participant was assigned a number. Thereafter simple random sampling was used where numbers were written down on slips of paper, placed in an envelope, mixed well and then drawn out one at a time until the desired sample size was reached. A sample size of 10 was drawn.

1.7.3 Specific Sampling Criteria

Professional nurses working within critical care units who:

- are critical care experienced or trained

- have at least 2 years of full or part time employment as an agency nurse
- are working in the private sector within the Western Cape Metropolitan Area

1.7.4 Ethical Considerations

At the beginning of each interview each participant was given a “Participant Information Leaflet” concerning the study and written consent to participate in the study was obtained. Consent was also obtained for the audio and written recording of the interview and from the head of the participating nursing agency.

Participants were assured of anonymity. The researcher has an obligation to maintain confidentiality, in other words, the data gathered during the study should not be divulged to other persons (Brink, 2008:34-35). Interviews were conducted by a trained fieldworker as participants could have been reluctant to divulge information to the researcher who is the branch manager of the agency involved in the study. Consent to conduct research was obtained from the Committee for Human Science Research of the Faculty of Health Sciences Stellenbosch University. Data will be locked and stored in a safe place at the researcher's place of work for at least 5 years. Only the researcher will have access to the documents.

1.7.5 Instrumentation

A semi-structured interview guide (Appendix A) was designed based on the objectives of the study, the literature reviewed and the researchers own professional experiences. The interview guide was further validated by the supervisor and co-supervisor of the study.

1.7.6 Data Collection

A semi-structured interview was employed, using a tape recorder to ensure that all data was captured. Written and verbal permission was obtained from the participants to record the interview.

1.7.7 Validity Testing of the Research

The supervisor and co-supervisor of the study assisted with the suitability and relevance of the questions for the semi-structured interview guide. The three questions contained in the interview guide were based on the three objectives set for the study, thus helping to establish content validity for the study.

The trustworthiness of the data was authenticated by the criteria of credibility, conformity, transferability and dependability as described in (chapter 3, section 3.5.5).

1.7.8 Pilot Testing

The pilot testing consisted of one interview that was conducted with a participant that met with the criteria of the study. The pilot testing revealed no pitfalls.

1.8 DATA ANALYSIS

Data Analysis was done according to the steps prescribed by Terre Blanche, Durrheim and Painter (2006:322-326). Transcription of interviews was done by the researcher. A search for themes or recurring regularities was undertaken.

1.9 DEFINITIONS

Agency Nurse

Agency-nursing work refers to nursing services provided by agency nurses employed on a casual contracted basis. For the purpose of this study, agency nurses are defined as those who “have their working life organised by a private contractor, known generally as an agency, to carry out work within any number of hospitals within any one working week” (Manias et al., 2003:269-270).

Professional Nurse

The Nursing Act (2005:34) states that a “professional nurse is a person who is qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice”.

Critical care units

A critical care unit (CCU) also known as intensive care unit (ICU) is a hospital unit where patients with life threatening conditions receive close monitoring and constant medical care (Definitions on critical care, 2010:np).

Job Satisfaction

The subjective nature of the term job satisfaction makes it difficult to measure and define. Job satisfaction is the extent to which the employees enjoy the job. There are several descriptions and definitions that exist. Flanagan (2006: 318) defines job satisfaction as an “individual’s perception that employment yields rewards or benefits”.

Job satisfaction is clearly and simply defined by Korman (1971 as cited in Finn, 2001:349-350), in the Need Fulfilment Theory, as being positively related to the degree to which personal needs are met in a work situation. Yet in reality job satisfaction is a complex, multi-dimensional concept encompassing adequate pay, professional status, social integration, minimal non-nursing task requirements, good organisational policies, and autonomy.

Private Healthcare Institutions

Private healthcare institutions are defined as “Private for profit, a unit where the staffs delivering health services is employed by a sole trader, partnership or registered business and the cost of services are recovered from fees for service” (Khotu, 2006:np).

1.10 STUDY OUTLAY

Chapter 1: Scientific Foundations of the Study

Chapter 1 portrays the background and motivation for the study. This chapter provides a brief overview of the literature, research question, study objectives, research methodology, operational definitions and the study layout.

Chapter 2: Literature Review

In chapter 2 different literatures are reviewed and discussed and the conceptual theoretical framework of the study explored.

Chapter 3: Research Methodology

In chapter 3 the in-depth description of the research methodology applied is discussed.

Chapter 4: Data Analysis, Interpretation and Discussion

In chapter 4 the results of the study are revealed, analysed interpreted and discussed.

Chapter 5: Conclusion & Recommendations

In chapter 5 the results according to the study objectives are concluded and recommendations are made based on scientific evidence obtained in the study.

1.11 SUMMARY

A large number of trained and experienced nurses are working full time for nursing agencies (Hass, et al., 2006:145). With an increased number of nurses leaving conventional employment, that is, permanent work, it is important to improve understanding of unconventional forms of employment (Bradshaw, 1999:129-32). Agency nurses form an integral part in the delivery of safe nursing care.

Furthermore, agency nurses working in CCUs are in demand in the Western Cape. Due to poor working conditions in CCUs, it is debatable whether agency nurses in CCUs do experience job satisfaction. In conclusion, the potential benefits and consequences of job satisfaction cannot be ignored as the growth and survival of nursing agencies and hospitals are reliant on agency nurses for excellent patient care and safety.

The previous paragraph summarises the rationale for the study. This chapter also provided a brief overview of the research methodology as applied in the study.

The literature review in chapter 2 provides an in-depth understanding of agency nurses and job satisfaction within the critical care unit environment. The conceptual theoretical framework upon which this study is based is explained in chapter 2.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter contains a literature review on agency nurses and job satisfaction within the critical care unit environment. Statistics at the agency under study reveal a greater reliance on the utilisation of critical care nurses as relief staff for critical care units in the private sector as indicated in section 1.7.2.

Bates (1998:40) defined agency nurses as those who “have their working life organised by a private contractor, known generally as an agency, to carry out work within any number of hospitals within any one working week”. Agency nursing work refers to the nursing services provided by agency nurses employed on a casual or contracted basis.

2.2 SELECTING AND REVIEWING OF THE LITERATURE

The process of reviewing the literature was undertaken to search for and identify pertinent literature that would add value to the topic and improve understanding of the field to be researched. The literature review was carried out over a period of 18-20 months. Search engines such as CINAHL and MEDLINE were utilised as well as the ongoing support and assistance of the librarian and supervisors. However, limited published research was found on the chosen topic nationally and internationally. Key words that were used are agency nurse, casualization of labour, critical care nurse, agency nursing, temporary nurses, casual nurses and flexible employment. Yet despite the different key words used in search of literature, limited research was found.

Material that was available was selected from multiple electronic databases (including Pubmed and Cochrane Library); periodicals, journals and different monographs (pamphlets and books); as well as searching through different reference lists. Materials selected were not more than 10 years old. However, due to the limited published literature available, the researcher did make use of articles from an earlier time frame.

International authors that had published journals of a similar topic were contacted, however, these authors were unable to provide or recommend additional literature. Consequently, the researcher continually investigated and evaluated new issues pertaining to the topic under study. Despite the fact that this was a study of South African agency nurses, material

selected was, to a greater extent, of international origin due to the scarcity of published articles within South Africa.

2.3 FRAMEWORK USED TO PRESENT THE FINDINGS FROM THE LITERATURE

The literature is presented in a chronological pattern. The role and function of the nursing agencies are explained. Literature on the global nurse shortages is provided as well as how this impacts on the growth of agency nursing work. Crucial factors such as advantages and disadvantages of agency nursing work as well as job satisfaction and a conceptual framework are presented.

The headings are as follows:

- Agency Work
 - Historical Overview of Temporary Workers
- The Role and Functions of a Nursing Agency
- Agency Nursing Work and the Nurse Shortages
- Agency Nursing work in South Africa
- Job Satisfaction
- Advantages of Agency Work
- Disadvantages of Agency Work
- Conceptual Theoretical Framework

2.4 AGENCY WORK

Agencies offer temporary employment which refers to a situation where the employee is expected to leave the employer within a given period of time. Temporary employees are sometimes called “contractual”, “seasonal”, “interim”, or “freelance” workers and are also sometimes referred to as “temps”. There are temporary workers in a vast number of jobs, such as agricultural workers who are often employed temporarily during harvesting time and engineers or accountants who sometimes work as “consultants” for a short period of time (Business Encyclopaedia, 2010:np).

2.4.1 Historical overview of temporary workers

Temporary workers may work full or part time, depending on the need of the individual (Manias et al., 2003:269-279). In some cases, temporary work contains benefits such as sick leave, accrued leave and injury on duty compensations. Not all unemployed individuals seek employment through a recruitment agency. There are a number of unemployed individuals that apply directly for employment at a specific company or business. Temporary employees are placed to work in areas that have a cyclical nature that requires frequent adjustment of staffing levels. Hospitals will often pay their own permanent staff overtime to alleviate problem areas throughout the course of the year. However, during the holiday season permanent staff members take time off from work to go on holiday. For that reason, the need for temporary or casual nurses increases (Manias et al., 2003:269; Business Encyclopaedia, 2010: np).

According to Helmstadter (2004:590-621), the need for temporary nurses was initiated in the early 1860's. In 1857, Florence Nightingale identified the need for "respectable and well organised women" who could work in military hospitals. This group of nursing staff was required to do night duty under the vigilant eye of the Head-Nurse. The night nurses were commonly known as the "night watch" and these nurses were temporary staff. The temporary nurses were drawn from cleaning staff who had scrubbed the corridors and public areas of the hospitals during the day, as doctors were primarily responsible for ensuring that patients were properly nursed (Helmstadter, 2004:590-621).

In the 1860's the qualification of the nurse consisted of her being a "respectable and efficient woman". It was generally required of the nurse to be a good housekeeper. Today nurses have to be highly skilled as this is a prerequisite in acute care settings (Cowin & Jacobsson, 2003:31-35). Maggs (2004:150-154) postulated that during the 1860's it was casual/temporary nurses that comprised the full complement of nursing staff on duty.

During the early 1900's most nurses were single women. However, the married nurses of the 1920's remained in the profession and only resigned when expecting their first child. Consequently, during the economic depression in 1929, many nurses were forced to find employment. However, in 1940 the landscape of nursing employment changed. Due to the Second World War, an acute shortage of both civilian and military nurses was experienced (D'Antonio & Whelan, 2009:2717-2724).

A report of 1950 revealed a deficit of 22 000 nurses (D'Antonio & Whelan, 2009:2717-2724). A report released in July 2002 by the federal Bureau of Health Professions indicated that if the nursing shortage goes unchecked, the demand for registered nurses could increase to 2

million in 2010 and 2.8 million in 2020 (Medical News Today, 2005:01-02). However, nurse shortages continue to soar due to the limited pool of available staff to fill vacant nurse positions (Cowin & Jacobsson, 2003: 31-35). Consequently, the demand for agency nurses to fill vacant positions has increased and utilisation of agency staff is no longer just to cover sick leave. Agency nurses have become essential to overcome the chronic staff shortages experienced (Manias et al., 2003:269).

In South Africa, agency nursing has been in existence for more than 60 years (Nursing Services, 2010: np). Aitken et al. (2002:02) confirm that nursing agencies are increasingly filling vacant positions in both public and private healthcare institutions as a consequence of recruitment and retention problems.

Vacancies are reported in many countries due to the inability to recruit and retain permanent nursing staff. The World Health Report of 2003 (WHO, 2006: np) revealed a total of 30 000 vacant nursing posts in South Africa. Consequently, the management at the various healthcare institutions increasingly relied on permanent nursing staff to work overtime. Furthermore, hospitals struggled to retain or attract nurses into permanent positions. The situation had an adverse impact on the quality of nursing care rendered and disrupted services and organisational performances (Zurn, Dolea & Stilwell, 2005:03-11).

The disruption of services due to the nurse shortages led to a reduction in the number of beds at various hospitals (Zurn et al., 2005:03-11). Therefore, nursing agencies play a significant role in the provision of healthcare services. However, when bed occupancy levels are low fewer staff is hired and hospitals are able to reduce the cost spent on labour (Muller, 2001: 22-36).

2.5 THE ROLE AND FUNCTIONS OF A NURSING AGENCY

The South African Nursing Council (SANC), in section 1 of the Nursing Act 50 of 1978, defines a nursing agency as “a business which supplies registered nurses or midwives, enrolled nurses or nursing auxiliaries to any person, organisation or institution, whether for gain or not and whether in conjunction with any other service rendered by such business or not” (SANC, 2010:04).

A nursing agency recruits registered, enrolled and auxiliary nurses. A registered nurse, also known as a professional nurse, according to the nursing act, Act 33 of 2005 (section 31) (SANC, 2010:06), is a professional nurse who is qualified and competent to independently practise comprehensive nursing and is capable of assuming responsibility and accountability for such practice.

Act 33 (section 31) defines an enrolled nurse as “a person educated to practise basic nursing in the manner and to the level prescribed”, whilst an auxiliary nurse (section 31 of act 33) is “a person educated to provide elementary nursing care in the manner and to the level prescribed” (Act 33 of 2005:25), (SANC, 2010).

The recruitment agency markets the services of nurses to healthcare facilities who are seeking to hire nurses on a temporary or permanent basis. The nursing agency is usually a small business that matches the work availability of the registered nursing personnel to the demands of the healthcare facilities. The agency is responsible for providing proficient nurses that are appropriately trained or for matching the skill mix of what is required (Medical Human Resources, 2010: np).

McCutcheon, MacPhee, Davidson, Doyle-Waters, Mason and Winslow, (2005:01) argue that clients are more satisfied and patient outcomes are much improved with the right skill mix of nursing staff on duty. Consequently, nursing agencies are more meticulous with regards to selection and recruitment of nursing staff. Each applicant is thoroughly screened by means of an interview and submission of curriculum vitae. It is required that all potential candidates submit certified copies of all qualifications obtained, as well as proof of their registration with the SANC.

A brief overview of the various functions of a nursing agency follows.

Not only nurses employed by the agency should be registered with the SANC. It is a pre-requisite of Regulation 32 (SANC, 2010: np) that nursing agencies be registered with the SANC. As a business enterprise the focus is on ensuring quality service delivery to both the client and the patient. Agencies have a strategic framework that directs managerial processes.

In accordance with good governance, the person in charge of the managerial process ensures that the agency is licensed with the relevant governing bodies. The contractor, that is the agency nurse, and the nursing agency must have a signed contractual agreement in accordance with legislature such as the basic conditions of employment (BCEA, 1997). Furthermore, finances are managed with integrity and in a responsible manner. The average profit margins for nursing agencies are between 4% and 70%. Nursing agencies may not charge more than a 12.5% recruitment fee as stipulated in section 10 (1) of Regulation 32 regarding conditions under which the business of a nursing agency may be carried on (SANC, 2010: np).

Sound business principles and the upholding of the relevant ethical codes as a private organisation are fundamental to the philosophy that is practised within nursing agencies. The agency exercises its responsibilities by ensuring that risk is minimised through effective clinical governance and that risk management systems are in place, such as a quality assurance programme and continuous professional development programmes for agency nurses (Muller, 2001:22-36).

2.6 AGENCY NURSING WORK AND THE NURSE SHORTAGES

Nurses are the 'frontline' staff in most global healthcare systems. A nursing shortage undermines the success of any healthcare system. Predicted shortages of qualified nurses are reported in Australia, New Zealand, United Kingdom, USA and Canada. Nurses consist of 40% to 50% of the global healthcare workforce and represent the largest portion of the healthcare team (Gaynor, Gallasch, Yorkston et al., 2007:01-03).

During the 1980's, in response to the global nurse shortages, the American Academy of Nursing conducted a study to identify hospitals with high retention rates for nurses (Flores, 2007:01). The results of the study showed that hospitals that are able to retain staff have minimal layers of hierarchical structures and that within these hospitals nurses are included in decision making related to staffing and patient outcome. To prevent further loss of skilled nurses first world countries implemented a Magnet Accreditation Programme. This programme was developed to ensure that the tradition of nursing was upheld. The successful implementation of these programmes ensured that nurses working in hospitals that are magnet accredited enjoy more job satisfaction and better patient outcomes (Flores, 2007:01-02).

Magnet accreditation is defined by Flores, (2007:01) as 'the highest level of recognition a hospital can achieve for excellence in nursing and is considered the gold standard in the nursing world'. Magnet hospitals show superior outcomes with higher patient satisfaction and higher nurse job satisfaction. More success is noted with recruitment and retention of nurses in magnet accredited hospitals (Zurn et al., 2005:23).

However, not all hospitals have Magnet accreditation. Hence, to combat nurse shortage, many hospitals rely on agency employed nurses (Manias et al., 2003:269).

An escalating utilisation of a casual labour workforce is noted in various countries (Peerson, Aitken, Manias, Parker & Wong, 2002:504). In Australia, nursing has a high attrition rate from full time hospital employment to agency nursing. Literature reports by Aitken et al. (2001:02), Manias et al. (2003:269), and (Peerson et al.) (2002:504) are characterised by

increased trends in casualization of the nursing workforce in New Zealand. The underlying reasons of this trend are wide-ranging as previously explained in chapter 1, section 1.2.

2.7 AGENCY NURSING WORK IN SOUTH AFRICA

In South Africa there appears to be a growing trend for professional nurses to prefer casual labour instead of permanent status. Netcare Holdings, one of the largest private hospital groups in South Africa, indicated that because of higher staff shortages, 25% of nursing staff is utilised from nursing agencies and on average 700 agency nurses are placed per day on a national level (Rispel, 2008:11-12).

The actual shortage of registered nurses (RNs) working in CCUs and in particular the shortage of CCNs has not been adequately quantified in the South African context, other than preliminary data from the National Audit of Critical Care. Critical care services are unmistakably in demand in both public and private sector hospitals of the Western Cape (Gillespie, 2006:50-56).

In January 2005 a total of 1 303 nurses were in full time employment in the CCUs of the public and private hospitals in the Western Cape, of whom 322 were CCNs. The findings of the study on the critical care nursing workforce in the Western Cape hospitals revealed a deficit of 72% of RNs in the public sector and a deficit of 80% of RNs in the private sector hospitals, with an actual shortage of 2 711 nurses in both sectors for the CCUs (Gillespie, 2006:55).

2.8 CRITICAL CARE NURSES

Critical care nurses can either be qualified or experienced in critical care nursing. A qualified critical care nurse is a professional nurse who is in possession of a post-graduate qualification in critical care nursing. The post-graduate critical care diploma is a 12 month programme and is aligned with the scope of practice for nurses, that is Regulation 2598 from the Nursing Regulations of the Nursing Act 33 of 2005 (Act 33, 2005:np). In South Africa, only professional nurses who are registered with the South African Nursing Council (SANC, 2010: np) are allowed to practice nursing.

Critical care nursing is a specialised department within a healthcare institution (Prins, 2010: 20-21). The care and treatment provided is specifically designed for the treatment of patients with acute life-threatening conditions and, according to Prins (2010: 20-21) CCNs trained and skilled in life-threatening health emergencies render specialized monitoring and treatment to critically ill patients.

The experience of the CCN in the critical care environment is rife with challenges. The atmosphere in CCUs is characterised by frustration, stress and poor communication that either arrives too late or is just insufficient. CCNs are often not consulted in decision making that directly affects them. There is a general indifference to their needs for consideration, recognition and support. The work environment in CCUs is often marked with strained relationships between colleagues as well as inadequate staffing (Alspach, 2005:11-14). CCNs value participatory leadership, however, in practice, autocratic leadership styles seem to be prevalent further adding to the frustrations of the CCN (Van Der Heever, 2008:101).

The contributing factors above influence the perceptions of CCNs working in CCUs and CCNs are in short supply in the Western Cape as confirmed by Gillespie (2006: 50-56). Wildschutte and Mqolozona (2008: np) confirm that due to the poor working conditions and unbearable pressure nurses have left South Africa. This is further confirmed by Subedar (2005: np) who postulates that an increased workload and the burden of disease has led to an exodus of nurses leaving South Africa to go and work abroad.

The agency under study supplies CCNs to four groups of private healthcare institutions in the Western Cape. Collectively there are 23 private healthcare institutions and the agency under study supplies CCNs to them on an ongoing basis depending on the availability of the agency nurses.

Given the demand for critical care services in the Western Cape, 300 CCNs need to be trained annually over a period of 9 years to address the deficit target of 2 711 RNs (Gillespie, 2006:50-56). In a workshop report, Mr Tendani Mabuda, Director of Nursing Services of the Western Cape at the time, reiterated that there is a shortage of nurses with experience in specialty nursing and post basic nursing qualifications, especially in the CCUs (Rispel, 2008:18).

2.9 JOB SATISFACTION

Just as customer satisfaction is important to retain customers, job satisfaction is vital to retain and attract nurses. A cross-national study on 43 000 nurses from more than 700 hospitals in the United States of America (USA), England, Scotland and Germany showed that 17% of nurses in Germany and 41% of nurses in USA were dissatisfied with their jobs. In Germany 17% were planning to leave their nursing jobs and in England 39% (Aiken, Clarke, Sloane, Sochalski, Busse et al., 2001:43-53).

Adequate staffing decreases work job related stress and assists in ensuring job satisfaction (Zurn et al., 2005:16). Inadequate staffing however results in heavy workloads and creates key areas for job dissatisfaction. Moreover, the burden of diseases such as HIV/AIDS combined with inadequate staffing increases stress levels among nurses (Stilwell & Mthethwa, 2004: np). A study by Shaver and Lacey (2003:166) confirms that stress at the workplace and a lack of organisational support is believed to have a negative impact on job satisfaction.

Only a few organisations have made job satisfaction a priority. Perhaps there is a failure to understand the significance of job satisfaction in terms of low morale, poor performance, low productivity and financial drain on the resources of the organisations (Syptak, Marsland & Ulmer, 2010:01-07). However, it is also important to take cognisance that “happy employees are not always productive employees” (Saari & Judge, 2004:395). Job satisfaction is seriously impacted by various factors as explained in the conceptual theoretical framework under the heading, Herzberg’s two factor theory, see paragraph 2.12.

2.10 ADVANTAGES OF AGENCY WORK

Agency nursing work entails flexible working hours. Nursing is a highly feminised profession and women prefer flexibility when raising children. Consequently, nurses are attracted to casual work as this form of work enables them to combine their work and personal life and thereby assists them in meeting family obligations (Aitken et al., 2001:2).

Agency nursing work offers various other opportunities/advantages such as autonomy and independence, personal development, career pathways, the ability to schedule own shifts and increased opportunities for personal development. Moreover, it enables nurses to avoid stress associated with permanent roles and to escape the politics in the clinical setting (Manias et al., 2003:269-279).

Agency nurses experience a greater sense of autonomy (Manias et al., 2003:269-279). Mrayyan (2004:326) too, states that autonomy plays a vital role in creating job satisfaction and in retaining nurses. Finn (2001:356) postulates that the presence of autonomy in the work place assists nurses to experience job satisfaction. In addition, agency nursing work contains financial benefits such as, the hourly tariff, accrued holiday pay, travel and petrol allowances and special deals with companies such as insurance. Furthermore agency nurses are compensated on a daily to a weekly basis. Consequently, these financial considerations attract nurses to agency work (Hoban, 2004:23-24).

Working as an agency nurse also provides exposure to a variety of settings. Subsequently these nurses accumulate a wealth of experience which enables them to provide quality nursing care (Manias et al., 2003:269-279). There are many advantages with regards to agency nursing; however, the converse could also be said that there are many disadvantages associated with this aspect of work.

2.11 DISADVANTAGES OF AGENCY WORK

Agency nursing work entails various challenges. Hass et al. (2006:146-148) affirm that agency nurses experience a poor relationship between themselves and permanent nursing staff.

In addition, agency nurses are assigned according to the timing of the demands rather than the qualification and experience of the agency nurse (Peerson et al., 2002:510). Consequently, these nurses are exposed to uncomfortable situations which might indicate why there are concerns regarding the poor quality of patient care provided by agency nurses (Rispel, 2008:18). Subsequently, the ability to render safe patient care is hampered as a consequence of critical nurse shortage (Ulrich, Buerhaus, Donelan, Norman & Dittus, 2005:389-396).

Permanently employed nurses are disappointed if their compliment of nursing staff for a particular shift is compromised with agency nurses (Haut et al., 2006:393). A decrease in spending towards agency staff in CCUs resulted in an increase in the retention of permanent staff. Permanent staff is of the opinion that the presence of agency nurses adversely affects continuity of patient care. Furthermore, permanent staff report higher levels of job satisfaction in the presence of quality nursing care (Haut et al., 2006:393). Permanent staffs perceive the nursing care provided by agency nurses as poor quality and attribute the higher incident rates to the utilisation of agency staff (Peerson et al., 2002:505).

Furthermore, agency nurses are of the opinion that nursing agencies are regarded as corporate entities that focus on cost efficiency and addressing personal shortfalls rather than focussing on the professional needs of the agency nurse (D'Antonio & Whelan, 2009:2717-2724).

2.12 CONCEPTUAL THEORETICAL FRAMEWORK

A conceptual theoretical framework is the foundation of a study. Not every study is based on a theory or conceptual model, but every study has a framework (Polit & Beck, 2006:155). The framework is the theoretical basis for a study that guides the development of the study

and enables the researcher to link the findings to the body of knowledge of nursing (Burns & Grove, 2003:55).

The conceptual theoretical framework for this study is based on Herzberg's Two Factor Theory (Herzberg, 1966: np), the Nursing Act 33 of 2005 (SANC, 2010: np); Regulation 32 (SANC, 2010: np) regarding the conditions under which the business of a nursing agency may be carried on; Regulation 2598 (SANC, 2010: np) that governs the scope of practice of nurses in South Africa; and the Basic conditions of employment Act 96 of 1997 (BCEA, 1997). A discussion on the various elements contained in the framework will now follow as illustrated in figure 2.1.

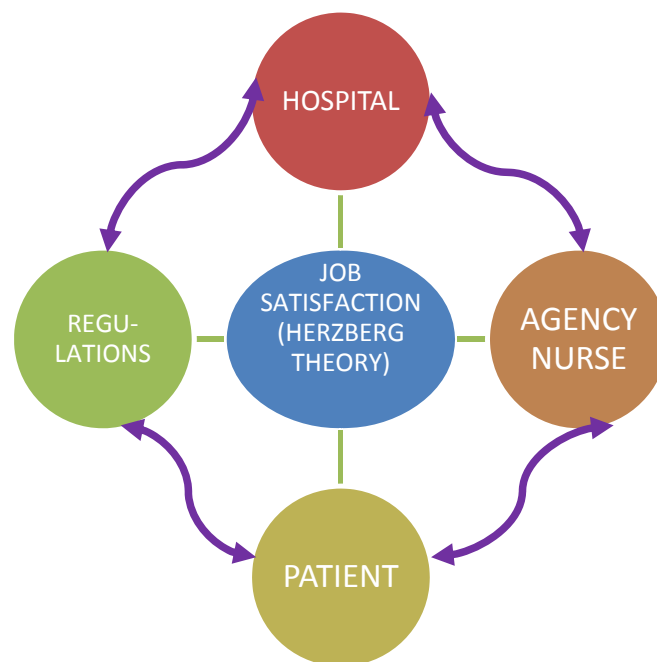


Figure 2.1: Diagram illustrating the conceptual theoretical framework

2.12.1 Herzberg's Theory of Motivation

Herzberg's Theory of Motivation states that the phenomenon of job satisfaction and or dissatisfaction is the function of two need systems, hygiene and motivational factors (Booyens, 2004:458-463). Figure 2.2 provides a graphic illustration of Herzberg's two factor theory on hygiene and motivation. Herzberg asked people to explain situations in which they felt good or bad in relation to their respective jobs and the reasons why. This resulted in a two step approach to understanding employee motivation and satisfaction, namely motivator and hygiene factors (Booyens, 2004:458-463).

Hygiene factors also known as extrinsic factors include company policy and administration, salaries and other financial remuneration, quality of supervision, quality of inter-personal relations, working conditions and feelings of job security. Herzberg states that these factors act as dissatisfiers, as a consequence workers seek to avoid such factors (Zurn et al., 2005:14)

Motivator factors also known as intrinsic factors include status, opportunity for advancement, recognition, responsibility, the work itself, a sense of personal achievement and personal growth (Atherton, 2009: np; Manktelow, 2009: np). Hertzberg states that these factors motivate workers to excel in their performance rather than just turning up at the workplace (Zurn et al., 2005:14).

As illustrated in figure 2.1 the following elements are described regarding the conceptual theoretical framework:

2.12.2 The Hospital

Zurn et al. (2005:15-18) explain that a lack of equipment and poor working conditions especially those relating to inadequate staffing are causes of job dissatisfaction.

2.12.3 Patient

Nurses derive much satisfaction when their patients present with good outcomes after nursing care has been rendered and the lack thereof creates much dissatisfaction as noted by Fletcher (2001: np).

2.12.4 Legislations

In general there are many rules and regulations concerning agency nurses.

2.12.4.1 The BCEA (Act 96 of 1997)

Act 96 prevents exploitation of agency nurses by prescribing that agency nurses may not work more than 12 hours in 24 hours cycle. The BCEA further ordains a safe working environment. Moreover the BCEA also strengthens the benefits for the nurse as temporary workers is encouraged (BCEA, 1997: np).

2.12.4.2 South African Nursing Council

The agency nurse must hold a qualification with the SANC. An agency nurse may not hold a student status qualification, therefore previous qualifications such as enrolled assistant, an enrolled nurse or professional nurse is deemed acceptable (SANC, 2010: np).

2.12.4.3 Regulation No. 32

An agency nurse must hold a valid SANC licence prior to practising their skills (SANC, 2010: np).

2.12.4.4 SARS

The agency nurse must be registered with the South African Revenue Services. Failure to comply leads to penalties imposed by the SARS (SARS, 2010: np).

2.12.4.5 Agency nurses

The agency nurse, whether an enrolled nurse or enrolled nursing assistant or a registered nurse, functions under the juristic body of the SANC. In general the agency nurse accepts responsibility and accountability for his/her actions according to Regulation 2598 and Regulation 387 (SANC, 2010: np).

2.12.4.6 Characteristics of Job Satisfaction

Zurn et al. (2005:03-16) confirm that for nurses to experience increased levels of job satisfaction they require skill, knowledge, experience to perform their jobs, flexible working hours and work autonomy.

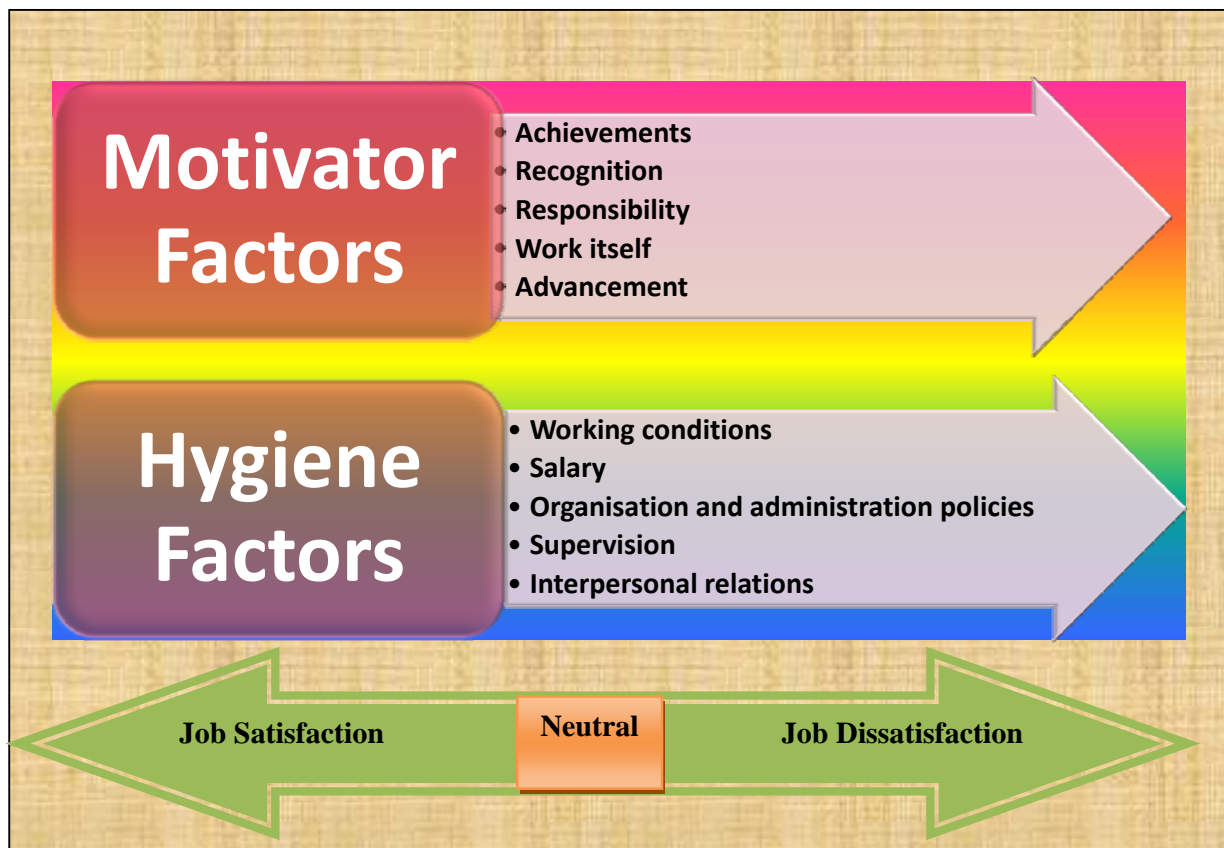


Figure 2.2: Herzberg's Two Factor Theory

As illustrated above, the following elements are described.

2.13 HYGIENE FACTORS ACCORDING TO HERZBERG'S TWO FACTOR THEORY

Hygiene factors include hospital policies, supervision, salary, working conditions and interpersonal relations (Booyens, 2004:463-464).

2.13.1 Organisational and administration policy

Merriam Webster's Dictionary and Thesaurus (2007: np) defines a policy as an overall plan which contains the general principles of the organisation. In general policies ensure the smooth running of an organisation; however, a lack of consistent application of the policies could lead to unhappiness (Marriner-Tomey, 1996:153).

2.13.2 Supervision

Al-Hussami in Jordan (2008:288) explains that a leader's behaviour or leadership style influences the subordinates' levels of job satisfaction. Nonetheless, the researcher has observed that effective leadership requires constant effort due to the changing environment of healthcare services.

2.13.3 Salary

Herzberg's theory states that a higher salary does not replace the individual's need for doing fulfilling work (Booyens, 2004:463). This is confirmed by Schribante (2005: np) who states that money is not the ultimate motivator. However, Al-Hussami (2008:292) explains that competitive salaries contribute to employee commitment in the organisation. Remuneration and financial incentives are yet common methods used to retain, recruit, motivate and improve performance (Zurn et al., 2005:15).

2.13.4 Working Conditions

Research illustrates that Magnet accredited hospitals, see paragraph 2.4 provide a conducive work environment and are safe for nurses and patients. Consequently, these hospitals achieve higher patient satisfaction, higher ratings of quality care and lower rates of nurse burnout and higher levels of job satisfaction (Zurn et al., 2005:24).

2.13.5 Interpersonal relations

Merriam Webster's' Dictionary and Thesaurus (2007) refer to interpersonal as being, relating to, or including relations between persons. Booyens (2004:529) states that a lack of

friendliness and poor team spirit could lead to conflict which could result in job dissatisfaction.

2.14 MOTIVATORS

Motivators are those factors that are strong contributors to job satisfaction. Motivating factors include, the work itself, responsibility, achievement and advancement (Booyens, 2004:463-529).

2.14.1 Work Itself

Booyens (2004:463) states the enjoyment of work itself and the excitement and pleasure that is derived from a challenge increases job satisfaction. Marriner-Tomey (2004:93-94) maintains that employees are motivated when they are given challenging work in which they can assume responsibility. When employees are given opportunities to develop, freedom to exercise initiative and creativity along with the handling of problems and responsibilities for decision making, this has a positive outcome on job satisfaction and increases work output capacity (Hersey, Blanchard & Johnson, 2008:56-59).

In addition, Herzberg maintains that assignments created should have realistic standards that are achievable. One could begin with smaller assignments such as scheduling of duties, followed with more responsibilities such as being the chairperson of a meeting. Such tasks would be appropriate for a junior RN to develop into a nurse leader. Work given must be meaningful and viewed as important by the employee (Booyens, 2004:463).

2.14.2 Achievement

Herzberg believes that if individuals are satisfied with their jobs this is far more rewarding than money or praise (Marriner-Tomey, 2004:93). The reward itself is the accomplishment of the achievement. An employee who has just begun in the CCU has no experience in caring for a ventilated patient. The employee's goal is competency in caring for ventilated patients. Therefore, feedback has to be task relevant. Employees respond favourably to relevant information about their performance and this increases job satisfaction (Hersey et al., 2008:42-59).

2.14.3 Recognition

Meaningful recognition is essential to job satisfaction and can raise job performance (Marriner-Tomey, 2004:93). Employees at all levels of the organisation want to be recognised for their achievements (Syptak et al., 2010:04). Therefore, it is important for managers to recognise the potential of employees.

Job opportunities together with career counselling/development as well as job enrichment programmes must be discussed with employees in recognition of their talents and abilities. This leads to meaningful opportunities to develop, an increase in work output, as well as the enhancement of job satisfaction of the individual (Booyens, 2004:680-699).

For example, in the CCU a junior RN that shows potential should be encouraged to complete a fundamental course in critical care as a foundation and develop further within this speciality.

Nurses are unique in that they work independently for most of their given shift/duty and therefore autonomy is important (Booyens, 2004:465-469). Autonomy can be defined as control over one's own work and is a very important variable that contributes towards job satisfaction (Zurn et al., 2005:21). Higgins (2009:01) further defines autonomy as allowing nurses to practice independently, using their own judgement and critical thinking skills. Nurses are more likely to be committed to the organisation when they are autonomous (Al-Hussami, 2008:292).

2.14.4 Advancement

Career development opportunities for nurses encourage retention (Rambur, Val Palumbo, McIntosh and Mongeon, 2001:183-188). Hence, nurse managers should be knowledgeable of the personal goals of individual staff and should there be an opportunity for advancement to a more senior position, the manager should encourage the worker to apply (Marquis & Huston, 2001:292-295).

2.15 SUMMARY

The literature review conducted has shown that there are many positive and negative aspects associated with agency nursing work that affect the critical nurse shortages. Globally nurses form the 'frontline' staff in most healthcare institutions. Internationally and including South Africa, there are predicted shortages of nursing staff as stated in the literature.

In South Africa critical care nurses are in high demand. Consequently, agency nurses are in high demand to fill the positions left vacant by permanent staff. The South African healthcare authorities acknowledge that nursing practice is changing and there is evidence of increased reliance on agency nurses to provide everyday nursing (Blaauw & Rispel, 2006: np). Therefore, given the demand for agency nurses, it is important to understand the perceptions of agency nurses with regards to job satisfaction.

The conceptual framework provided explains how the fulfilment of both internal and external factors contribute towards job satisfaction.

Chapter 3 discusses the research methodology that was used to explore the perceptions of agency nurses regarding job satisfaction within the CCU's of the private healthcare institutions in the Western Cape.

CHAPTER 3 RESEARCH METHODOLOGY

3.1 INTRODUCTION

The preceding chapters provided a description of the background to the study including a comprehensive literature review regarding agency nursing work and job satisfaction both globally and nationally.

The goal of this chapter is to describe the research methodology that was applied to determine the perceptions and experiences of agency nurses regarding job satisfaction within critical care units.

Research methodology refers to the research plan, in other words, what the researcher did to solve the research problem or to answer the research question (Brink, 2008:191). Hence this chapter describes the goal and objectives set for the study, including the research design, population, sample, setting and the gathering of data and data analysis.

3.2 GOAL OF THE STUDY

The goal of the study was to explore the perceptions of agency nurses regarding job satisfaction within critical care units of private healthcare institutions in the Western Cape.

3.3 OBJECTIVES

The objectives set for this study were to determine the:

- Opinions with regard to of job satisfaction as experienced by agency nurses
- intrinsic factors influencing job satisfaction of an agency nurse
- extrinsic factors influencing job satisfaction of an agency nurse

3.4 RESEARCH QUESTION

A research question refers to a statement of the relevant query the researcher wishes to answer (Polit & Beck, 2006:55). Therefore the research question for the proposed study was: What are the perceptions of agency nurses regarding job satisfaction within critical care units in private healthcare institutions?

3.5 RESEARCH METHODOLOGY

3.5.1 Research Design

According to Polit and Beck (2006:207), the research design is an overall plan for conducting the study in order to answer the research question. The research design indicates the steps that will be followed in conducting the research. This study entailed a qualitative approach with a phenomenological design.

Qualitative research is the investigation of a phenomenon, usually in an in-depth and holistic fashion through the collection of rich narrative materials using a flexible design (Polit, Beck & Hungler, 2001:211-215).

The phenomenological approach has its roots in both philosophy and psychology. It is concerned with the lived experiences of humans. In a phenomenological study the main data source is the in-depth conversation that takes place between the researcher and the participants (Polit et al., 2001:212-215). A phenomenon is something that is known to us and experienced through our senses. It is seen, heard, touched, smelled and tasted. A phenomenon is experienced directly rather than being conceived in the mind as some abstract concept or theory (Denscombe, 2007:76).

According to De Vos, Strydom, Fouche' and Delport (2007:270), this approach enables the researcher to interpret the meanings that the participants attach to their everyday experiences.

The application of this approach with regards to this study allowed the researcher to listen to the in-depth interviews of the participants that lasted around 60 to 90 minutes. In this study participants were quoted verbatim, that is word for word in the transcriptions as this assisted to authenticate the data collected. Thereafter the researcher read and reread the transcriptions. The researcher was therefore able to grasp the lived experiences of the participants working within the critical care units as agency nurses.

Through the application of this approach the researcher could distance herself from her pre-determined ideas regarding agency nursing work in order to better understand the perceptions of participants in this study, as advised by Creswell (2009:13). Subsequently, prior to each transcription, the researcher had to put aside her own pre-conceived ideas regarding agency nursing work.

3.5.2 Population and Sampling

Burns and Grove (2003:491) define population as all elements that meet the sample criteria for inclusion in a study.

In order to create homogeneity, only agency nurses who were critical care trained or experienced were included in the study. Therefore the population for this study was professional nurses who had been working within CCUs in private healthcare institutions as agency nurses on a full time or part time basis for the past two years.

The selected nursing agency was chosen since the researcher is employed at this agency as a branch manager, consequently the information required for population and sampling was easily accessible. Moreover, the selected nursing agency supplies critical care nurses to 23 of the private healthcare institutions in the Western Cape (MHR, 2010: np).

The details of the total population such as the names and contact numbers of the critical care nurses were obtained via the selected agency's information technologist once ethical approval had been obtained to conduct the study. This report generated from the computer system revealed a total population of N=553 CCNs. Therefore, the total population consisted of N=553 agency nurses at a selected nursing agency all of whom were working within CCUs and who were either trained or experienced in critical care nursing (Medical Human Resource, 2010: np).

A sample is a subset of the population that is selected for the study (Burns & Grove, 2003:459). Sampling refers to the process of selecting the sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest (Brink, 2008:124). Since the researcher is the branch manager at the agency under study, it was necessary to prevent possible bias. Bias refers to any influence that produces a distortion in the results of a study (Brink, 2008:198). Hence, it was decided to embark on random sampling.

Random sampling selection is a process whereby each element in the population has an equal, independent chance of being selected (De Vos et al., 2007:196). Random selection can be completed in a variety of ways; however, for the purpose of this study simple random sampling was applied.

Simple random sampling is a sampling technique whereby each of the elements in the sampling frame is listed separately and subsequently has an equal chance of being included in the sample. It is a one stage selection process and the accessible population should be identified and listed, a sampling frame should be created, the sample size calculated and a

consecutive identification number should be assigned to each element in the sample frame. Selecting can be as follows: the numbers or names can be placed in a bowl or hat and drawn out one at a time. Alternatively, a table of random numbers or a computer generated selection can be applied (Brink, 2008:127).

In this study simple random sampling was applied by assigning numbers to the list of CCNs working in CCUs. These numbers were placed in an envelope and subsequently drawn out at random. The drawing of the numbers was completed by a member of the selected nursing agency that has no involvement in this study. The numbers drawn were given to the fieldworker, who subsequently contacted the participant via land lines, cell phones or email facilities.

According to De Vos et al. (2005:270), a sample size of 10 is adequate for a sample in qualitative research, therefore, a sample size of (n=10) was drawn. In qualitative research, according to De Vos et al., (2009: 294) there are two criteria to determine if the sample size is 'enough'. The first is 'sufficiency', meaning there are there sufficient numbers to reflect the range of participants so that others outside the sample may be able to connect with those in the study. The second criterion is related to the saturation of information obtained, in other words, the researcher begins to hear the same information repeatedly and no longer learns anything new. Therefore, for the purpose of this study, more participants would have been drawn should data saturation not have been met after the 10th interview.

3.5.3 Instrumentation

The instrumentation for this study consisted of a semi-structured interview guide (Appendix A) and one on one interviews.

A semi-structured interview guide allows for the researcher to 'obtain multiple responses to set questions and allows for detailed responses' (Struwig & Stead, 2001:98). According to Terre Blanche, Durrheim and Painter (2006:322-326), the semi-structured interview guide allows for more control and openness when comparing interviews than an unstructured interview would.

The semi-structured interview guide was based on the objectives of the study and was validated by the supervisor and co-supervisor of the study before data collection commenced. The researcher, having been employed at the nursing agency for a number of years also used her own experience in the development of the semi-structured interview guide.

The interview guide consisted of the following sections that also represent the study objectives:

- Opinions with regard to of job satisfaction as experienced by agency nurses
- intrinsic factors influencing job satisfaction of an agency nurse in the CCUs
- extrinsic factors influencing job satisfaction of an agency nurse in the CCUs

The second objective, the intrinsic factors influencing job satisfaction, includes the following a need to be recognised for what one is worth; a need to engage in responsible tasks; achievements; the fulfilment of the work itself and advancement (Booyens, 2004: 463-464). According to Booyens (2004:463-464), the third objective, the extrinsic factors includes working conditions, salary, organisation and administration policies, supervision and interpersonal relations.

The fulfilment of these factors, according to Herzberg's Two Factor Theory, creates job satisfaction or job dissatisfaction as illustrated in figure 2.2 under section 2.12.4.6. Therefore the semi-structured interview guide did not consist of any direct question, such as, "do you experience job satisfaction?", since yes and no type of answers were avoided. It was decided to focus rather on their experiences of what was positive or negative in the work environment. Furthermore, the researcher did not want the participants to feel obliged to admit that they experienced job satisfaction or job dissatisfaction.

Consequently, the probing questions asked during the interview were based upon the hygienic and motivating factors in keeping with Herzberg's theory, however, both these hygienic and motivating factors respectively contain the extrinsic and intrinsic factors (see figure 2.2, under section 2.12.4.6) related to job satisfaction as explained by Herzberg (Booyens, 2004: 463-699).

3.5.4 Pilot Testing

A Pilot-testing is completed to examine the reliability, validity and usability of the measurement methods in target population (Burns and Grove, 2004:331). De Vos et al., (2009:331) postulate that it is important to conduct a pilot study in qualitative research and that the pre-testing allows for modification of the existing questions. However, as stated in chapter one section 1.7.8, there were no pitfalls encountered with the semi-structured interview guide during the pilot testing.

The participant was selected from the total population that met with the specific sampling criteria as discussed in section 1.7.3. The participant was drawn as described in section

3.5.2. The number drawn was given to the fieldworker who contacted the participant. This was achieved via landline. Subsequently the interview was conducted at the selected nursing agency. Permission was granted and consent obtained from the participant for the interview as well as for the tape recorder. This data was transcribed by the researcher; however the transcriptions were not used except to determine if there were any pitfalls with the instrument.

3.5.5 Validity testing of the research

In order to establish the validity of the research, it is necessary to determine, firstly, the extent to which conclusions effectively represent empirical reality and then secondly, to assess whether the constructs devised by the researcher represent or measure the categories of human experience that occur (Brink 2008:118). In qualitative research trustworthiness of data is evaluated, specifically the criteria of credibility, dependability, conformity and transferability. For the purpose of this study, the criteria as described by Lincoln and Guba (1985:290) were applied.

3.5.5.1 Credibility

Credibility refers to whether the inquiry was conducted in such a manner so as to ensure that data gathered and emerging themes were accurately identified and described (De Vos et al., 2005:346). Therefore the researcher completed a literature review using the most relevant and reliable sources of literature.

Consequently, only nurses who had been working for nursing agencies on a part time or full time basis over the last two years in the CCUs were approached. In order to authenticate the information collected, study participants were quoted verbatim in the transcriptions of the data. The interviewer verified data collected, as well as the conclusions drawn from the information collected during the interview with participants to ensure that the interpretations made were correct.

3.5.5.2 Transferability

Transferability, also called generalisability, is concerned with the applicability of one set of findings to another context, for example, to other populations, settings and treatment arrangements. The transferability of the findings of a qualitative study tends to be problematic. In order to acquire a sense of transferability, the researcher should strive to incorporate the concepts and models contained in the theoretical framework during data collection and analysis processes. To further enhance the possibility of transferability, the researcher should indicate whether information from various sources of data gathering was used. This is known as triangulation (De Vos et al., 2009:346).

However, in the current study the only method of data gathering used was the one on one interview. Hence, the conclusion is made that the findings of the study may not be generalisable.

3.5.5.3 Dependability

Establishing dependability in a study requires an audit. To facilitate dependability an enquiry assessor, usually a peer, will follow the development and procedures used by the researcher in the study and establish whether they are acceptable, in other words, dependable and trustworthy (Brink, 2008:119).

In this study the researcher verified the transcribed data recorded during the interview with the fieldworker. The researcher and the fieldworker discussed the transcripts and clarified differences of opinions to ensure that the interpretation of the transcripts was congruent with the recorded interview.

The data was verified for authenticity and accuracy and confirmed that it was the actual data as recorded during the interview. The analysis of the data and the subsequent themes and subthemes was further verified by the supervisor of the researcher. The supervisor reaffirmed that the themes and subthemes should adhere and be linked to the conceptual framework of the study. In most cases the supervisor was in agreement with the themes and subthemes that were identified by the researcher.

3.5.5.4 Conformability

Conformability guarantees that the findings, conclusions and recommendations are supported by the information obtained and that there is an internal agreement between the investigator's interpretation and the authentic data (Brink, 2008:119). An audit procedure was completed by the supervisor of the study who confirmed that an internal agreement exists between the investigator's understanding and the real evidence.

The audit procedure was undertaken by the supervisor of the researcher who checked whether the transcripts resembled the raw data on the tape recordings and that the recordings were transcribed verbatim. Furthermore, the continuation and resemblance between the themes and the transcripts were checked by the supervisor of the study. Where the supervisor was not in agreement with a theme or subtheme derived by the researcher both of them read through the transcripts again until they were both in agreement with regard to the various themes and subthemes.

Member checking was also done. Member checking refers to showing the final product of the analysis to the participants (Creswell, 2009:191). Hence, some participants in this study

were given an opportunity to view the findings and make further recommendations. However, further recommendations were not made.

3.5.6 Data Collection

Polit et al. (2006:57) describe data collection as the gathering of information needed to address a research problem. The researcher, who is the branch manager at the agency involved in the study, was concerned that participants would be reluctant to share information. Hence a field worker was trained to conduct an interview.

The field worker received training on how to conduct an interview from a nursing lecturer who has completed two previous qualitative research studies. The field worker, a lecturer at a private healthcare institution, is in possession of a master's degree in nursing and therefore has practical experience in research. The field worker's domain, however, is quantitative research; therefore training in the conducting of an interview was necessary.

The field worker was provided with extra literature material on interviewing skills. The researcher and the field worker worked together through the literature pertaining to interviewing skills. The articles on interview skills written by Terre Blanche et al., (2006:322-326) were utilised during the practical sessions prior to the commencement of the actual interviews. The trained fieldworker conducted all the interviews at either the agency, interview rooms at the different hospital localities or in natural settings such as the participants' homes. A semi-structured interview was conducted with the use of a tape recorder. The tape recorder ensured that all data was captured accurately.

Simple English language was used to ensure that all participants understood the questions. Some participants answered in Afrikaans as they were more comfortable to express themselves in their home language.

The duration of each interview was about an hour. Ten participants were interviewed over a period of six weeks. The six week data collection period was due to the availability of the participants. Their work commitments and personal obligations prevented their immediate availability.

De Vos et al., (2009:297) recommend that at the beginning of each interview the participant should be made to feel comfortable and that the questions should be open-ended in nature. The researcher should occasionally monitor that the scheduled questions contained in the semi-structured interview guide be covered. To maintain data quality, according to Burns and Grove (2009:441), the selection of the participant and the collecting of the data should

be implemented in a consistent manner. However, data gathering in a qualitative study is not as tightly controlled as in a quantitative study (Burns and Grove, 2009: 507).

Therefore each interview followed a relatively similar pattern. Participants were made to feel welcomed and at ease by posing the question, "Tell me about yourself". The response from this type of question mostly provided information related mostly to the biographical details of the participants such as age, number of years worked in CCUs and whether they were trained or experienced in critical care nursing. Once the participants were at ease, open-ended questions such as, "What motivated you to begin with agency nursing? "What motivates you to continue with agency nursing work, especially with the lack of recognition and appreciation for good performance? "What are the positive aspects of agency nursing?

More probing questions pertaining to agency nursing and critical care work continued. These probing questions then elicited information such as satisfaction derived from the work itself, and what negative and positive elements are contained in this type of work. Usually by this stage the participants expressed themselves more freely.

3.5.7 Analysis and interpretation

Data analysis in qualitative research is concerned with the analysis of written words, videotapes or audiotapes (Brink, 2008:119). Interpretive analysis can be seen as a back and forth movement between the strange and the familiar, as well as between a number of other dimensions. Data analysis involves reading through the data repeatedly and engaging in activities of breaking down the data into categories and to identify possible themes. The data was constructed in novel ways, namely, elaborating and interpreting as described by Terre Blanche et al. (2006:322). As recommended by Polit et al. (2001:388), a search for themes or recurring regularities was undertaken.

The transcription of the interviews was done by the researcher as it facilitated the first process of data analysis, namely, immersion. Most of the transcriptions of the interviews were done on the same day as the particular interview took place. In cases where this was not possible it was done within 24 hours of recording. In this manner the researcher became familiar with the data as it was gathered. This process required the reading and re-reading of the data collected. During the process of analysing and reading the transcripts the researcher applied the principle of 'bracketing'.

Bracketing is a process of putting aside what is known about a study topic to allow the data to convey undistorted information (Brink, 2008:198). However, according to De Vos (2009:353), no qualitative research can exclude the researchers own views and experiences regarding the topic under study. The researcher made a mental decision during the process

of data analysis, as she was reading and re-reading the data collected, to put aside her own opinions and views pertaining to agency nursing work.

There are many different qualitative analytic traditions that fall under the umbrella of interpretive analysis; one example is phenomenology. The analytic steps are not a fixed recipe that is applied to the data, but rather a process to follow whilst immersing oneself in and reflecting on the data. Quantitative data was completed manually; however the following steps are the processes that were followed when data was 'unpacked' as described by Terre Blanche et al. (2006:322).

3.5.7.1 Familiarisation and Immersion

It was important that the researcher was able to determine the beliefs of the participants as well as those ideas that the participant did not verbalise; those ideas that are implicit (Terre Blanche et al., 2006:322-323). Complete familiarisation with the data was therefore facilitated through multiple readings of the transcribed notes. Progress notes as well as diagrams were made as a way of getting to know the data thoroughly.

3.5.7.2 Inducing Themes

According to Terre Blanche et al. (2006:324-326), themes should ideally arise naturally from the data but should also have a bearing on the research question. Whilst looking for themes within interviews, it was salient to take cognizance of instances akin to contradictions (Terre Blanche et al., 2006:324-326). Consequently, the data derived from the interviews was grouped into specific themes and sub themes. For example, similar data pertaining to reasons for doing agency nursing work resulted in a theme such as 'flexibility'.

3.5.7.3 Coding

Coding is the process in which data is fragmented in analytically relevant ways. During coding, the body of the data, that is, the text domain, is broken down into labelled, meaningful pieces, with a view to cluster the 'bits' of coded material (Terre Blanche et al., 2006:324-326). For the purpose of this study the individual participants were coded numerically. Thereafter, codes were grouped together, with the general idea of placing the data collected under headings, subsequently, linking the various components. However, as the data was better understood, the themes and sub-themes identified were not regarded as the final product and codes changed.

3.5.7.4 Elaboration

Exploring the themes more closely is called elaboration. The purpose of elaboration is to capture the hidden data (Terre Blanche et al., 2006:326). Redundancy can normally be achieved with a fairly small number of cases providing the information from each participant

is of sufficient depth (Polit et al., 2006:273). The data was carefully re-examined for more subtle themes that might have previously been overlooked. Coding, elaboration, and recording continued until no new insights appeared and the data was then sampled until 'redundancy'.

3.5.7.5 Interpretation and Checking

According to Terre Blanche et al. (2006:326), one way of checking interpretation is to discuss it with other people. It is important to talk to people who are familiar with the topic, as well as to people to whom the topic is unknown, as the latter may be able to lend a fresh perspective. Hence the researcher compiled a written account of the interpretations that emerged from the data analysis and verified this with the fieldworker.

During the introductory phase of each interview the fieldworker tried to create a more relaxed environment by presenting questions relating to years worked in CCUs, number of dependents and so on. The aim was to learn more about the participants and to ensure that the inclusive criteria were maintained. The data derived from these initial questions was rather numeric and was consequently described using descriptive statistics. Descriptive statistics according to Brink (2009:171) are used to describe and summarise data and create meaning for the readers.

De Vos et al., (2009:352) states that quotations emphasize the voice of the participants in the report; however there are some authors that do not bring quotations into the written reports of the studies. Short, eye-catching quotations serve to verify something in the text or contain a statement of significance in order to highlight a certain perspective; whilst long quotations may contain many different ideas of the participants. For the purpose of this report, two distinguished types of quotations were implemented. Short, eye-catching quotations and long quotations were used in this study. In this study participants were quoted verbatim as this added to the 'richness' of the study as noted in De Vos et al., (2009:352).

3.5.8 Ethical aspects

Participation in this study was voluntary. Participants were assured of anonymity. Anonymity, according to Brink (2009: 34), means namelessness and refers to the researcher's efforts of maintaining secrecy surrounding the identity of the participants in this study. However, absolute anonymity with individual interviews is not possible. Nevertheless, the researcher should process the data anonymously (Brink, 2009:34). In this study a number was assigned to each participant and the respective tapes of each of the interviews. Therefore the researcher can conclude that the data has been processed anonymously.

According to Brink (2009:33-34), a participant who agrees to participate in research has a right to expect that the information collected from or about him/her will remain private.

Therefore, participants were assured that any information divulged would not in any way be connected to them personally when feedback and recommendations were given to the nursing agency. Moreover, the action of maintaining namelessness favours the process of maintaining privacy.

The participants were also informed that at any point before, during or after the interview they could terminate the agreement of participation should they not wish to continue. In addition, it was further explained that there would be no penalty imposed should they withdraw from the study at any time.

3.6 SUMMARY

This chapter contains a detailed description of the goal and objectives of the study. The design of the study is explained as well as the population and sampling processes. Information regarding the ethical principles maintained and data collection and analysis is also included.

The steps taken to ensure the quality and trustworthiness of the research data with regards to credibility, dependability, conformability and transferability were described in this chapter. The analysis of the quantitative data such as the biographical information was not completed via a statistical software package; instead it was completed manually. However, the following steps were followed when 'unpacking' collected data namely, familiarisation, and immersion, inducing themes, coding, elaboration and interpretation and checking.

In chapter 4 an in-depth description of data analysis and interpretation of the research findings will be presented.

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

The findings of the study will be presented and discussed in the current chapter. Hence the researcher reflects the perceptions of the agency nurses with regards to job satisfaction within the CCUs of the private healthcare institutions as obtained during the interviews.

The raw data was transcribed verbatim that is word for word to authenticate the trustworthiness of the data collected. Inductive reasoning was applied to build themes from bottom up. Inductive reasoning concerns the empirical collection of facts and drawing conclusions from these facts (Burns & Grove, 2007:16-17). The word empirical means experience gained through using your senses (Burns & Grove, 2007:539).

Consequently the researcher applied the steps for data analysis as proposed by Terre Blanche (2006:322). The approach of Terre Blanche (2006:322) contains the following steps, namely, familiarising and immersion, inducing of themes, coding, elaboration and interpretation and checking. This approach was described in chapter 3, section 3.5.7.

The data will be presented in two sections. Section A explains the biographical data that arose at the onset of each interview whilst Section B will focus on the themes that emerged from each interview. In Section B from each theme, sub-themes emerged. To ensure privacy of the participants each participant was assigned a number.

4.2 SECTION A: BIOGRAPHICAL DATA

4.2.1 Age

The ages of the participants ranged between 37 to 51 years. One participant was 37 years old. The majority (n=7) of the participants were in the age group between 40 to 49 years and 2 participants were between 50 to 51 years of age.

4.2.2 Gender

Out of ten participants, nine were females and one male. This could be explained by the fact that the nursing profession is characterised by a female dominated workforce (Armstrong, 2010: np). This is reaffirmed by the data base of the SANC's geographical distribution report of 2009. This report reveals 103 848 females and 7 451 males registered as professional

nurses in South Africa. The Western Cape specifically has 13 678 females and 641 males registered as professional nurses (SANC, 2010: np).

4.2.3 Dependants

Nine participants' were married with dependants. Mrayyan (2005:47) affirms that nurses working in private hospitals are mostly married. Yin and Yang (2002:581) further explain that nurses who are older and married might be more satisfied in their jobs.

4.2.4 Highest qualifications in critical care nursing

Five participants were in possession of a diploma in critical care nursing which is a 12 month programme, two participants completed a certificate course which is a 6 month programme and three participants had experience in critical care nursing with a diploma in general nursing. This is indicative of how few nurses are trained in critical care nursing. Gillespie's (2006:56) report a shortage of 2 711 CCNs in the Western Cape. Bhagwanjee and Scribante (2008:02) report a national deficit of 7 920 CCNs in South Africa.

4.2.5 Years of experience in critical care nursing

Collectively the participants had 76 years of critical care nursing experience. The length of employment of participants varied from between 14 and 2 years as a critical care nurse. Only participant was employed with a nursing agency for 2 years, whilst n=7 of the participants had worked for a nursing agency for 10 years and more. It is interesting to note that all participants served their tenure with one employer as their service provider in terms of agency work.

4.2.6 Years of experience as an agency nurse

The participants collectively worked 107 years as agency nurses. The length of employment of the participants varied from between 2 and 14 years with a nursing agency. The years of employment as an agency nurse could reflect the participant's job preference for agency nurse work. According to Hamman-Fischer (2008:201) has found that age does exert an influence on job satisfaction and more especially older employees tend to experience higher levels of job satisfaction.

4.3 SECTION B: THEMES THAT EMERGED FROM THE INTERVIEWS

Five themes emerged from the interviews namely reasons for doing agency work, experiences with hospital staff, allocation of agency nurses, communication of information and staff development. Sub-themes emerged from the five major themes. The five themes and sub-themes are displayed in table 4.1. The first theme, reasons for doing work included

flexibility, independence, personal development, autonomy, avoidance of politics in the clinical setting, financial and stress of permanent work. The second theme, experiences with hospital staff, has two subthemes namely support and or lack thereof and a sense of belonging. The third theme, the allocation of agency nurses included the following sub-themes, distribution of workload, and cancellation of booked shifts and inappropriateness of ward allocation. The fourth theme, communication of information incorporates three sub-themes, the communication between agency nurse and nursing agency, communication between agency nurse and permanent staff, and recognition. Finally, the fifth theme, staff development incorporated quality of care, training provided by hospital, training provided by nursing agency and enhancement of clinical skills.

Table 4.1: Five clusters of themes that emerged

Five themes	Sub-themes						
1. Reason for doing agency work	Flexibility	Independence	Personal development	Autonomy	Avoidance of politics in the clinical setting	Stress of permanent work	Financial
2. Experiences with hospital staff	Support and or lack thereof	Sense of belonging	Recognition				
3. Allocation of agency nurses	Distribution of workload	Cancellation of booked shifts	Inappropriateness of ward allocation				
4. Communication of information	Communication between agency nurse and nursing agency	Communication between agency nurse and permanent staff					
5. Staff Development	Quality of care	Training provided by hospital	Training provided by nursing agency	Enhancement of clinical skills			

4.3.1 Reasons for doing agency work

Participants spoke enthusiastically about their reasons for undertaking agency nursing work. The most common reason was the flexibility that accompanies this category of work. Other reasons included independence, personal development, autonomy at the workplace, avoidance of politics in the clinical setting and the stress associated with permanent work. Also mentioned were the financial benefits included in agency nursing work.

Flexibility was the most frequent reason given by participants to engage in agency nurse work. Participants displayed a need for flexible work hours as the various shifts in hospital settings tend to be rigid and inflexible. A number of participants reported that their current work hours enabled them to address social and personal commitments, which included time spent with partners, children, friends and family. The participants reflected a need for flexible work hours which were not accommodated by hospital routines. For example:

“...I could do what I like you know, if I did not want to work for private reasons, I could organise my own time. I don't like night duty and weekends. I got a shift in September in the CCU and it was a five week month. I was allocated to work 4 weekends out of the five. I did not accept this, as an agency nurse I have a choice, if I was permanent, maybe that would have been the scenario” (Participant 1).

“I can suit my hours and very occasionally I am working weekends, I enjoy this and so does my family” (Participant 3).

One participant had health related problems that would have been aggravated by the rigidity of permanent shifts. Agency nursing work allowed flexibility for nurses that experienced health related problems as reflected below:

“I wanted to pace myself, since my surgery, my energy has not been what it once was pre-surgery, and so it suited me to work agency work” (Participant 6).

These results seem to correspond with finding that the state of the job market for nurses' influences their ability to choose employment that best suits them (Blythe, Baumann, Zeytinglu, Denton & Higgins 2005:69-72).

The participants also revealed the reason for doing agency work was to maintain independence. It is also likely that many agency nurses are not interested in permanent work that is full time positions in hospitals. Permanent employment was not an option when independence was valued as revealed below:

“I also got a holiday coming up in October which I am going to take. I do like my freedom to pick and chose my shift. So if I had to go permanent it would take a lot of thought, I am not convinced that it would be a good move at this stage” (Participant 6).

Another reason for undertaking agency work was that agency work involved increased opportunities for personal development. Study and work commitments were valued amongst agency nurses therefore; the need for flexible working hours was of importance. In addition, when agency nurses were able to cultivate other areas of interest in their lives, they were better able to promote a more positive attitude towards patient care, as indicated below:

"I gained more experience through the agency. You learn every day, there's' something new that you have never learnt before. It's always different, you see the same patient treated differently and get the same favourable results even though it's different to what you are used to. You find yourself teaching other people [nurses] how to do things. You develop your own skills and your own theory" (Participant 7).

Autonomy is another theme that emerged as a reason for doing agency work. Autonomy was viewed as a positive aspect to agency nursing work. Participants shared similar views that agency nursing work provided greater levels of autonomy and independence as revealed below:

"....that is the one aspect I really like about it [agency nursing], I get to use my own judgement, we are fairly autonomous in the unit and I do enjoy that, generally we do have a good relationship with the doctors who are not overly hands on, so I think we are in a position to use our own judgements, that's a very nice aspect of it [agency nursing]" (Participant 6).

Whilst another participant preferred to have someone look over her shoulders as revealed below:

"...it is so much better, somebody like a real shift leader, looking over your shoulder"(Participant 9).

Other reasons cited for doing agency work was the avoidance of politics in the clinical settings. The critical care environment has been recognised as influential and contributes towards agency nurses being able to anticipate terrible things that may or may not happen during the course of a shift. Alspach (2005: 11-14) confirms that the clinical settings is rife with frustration, anger and the continued strain on relationships amongst co-workers and colleagues. This participant reveals that she knows all the terrible things that can happen.

"It's very easy for me to go to work as I know what to expect. I know all the terrible things that can happen and sometimes they do and sometimes they don't, but at least they are things that I can anticipate" (Participant 8).

Similarly one participant expressed a similar view with respect to lack of respect of their opinion in decision making that directly affects them. The environment influences the agency nurses joy in critical care nursing as everything in the unit becomes untenable. Many participants shared similar views with regards to their love of critical care nursing, however the stressful environment, low morale and profound shortage of nursing staff makes it untenable to work under such conditions, also confirmed by Alspach (2005:11-14). Agency nursing allows the agency nurse a choice of whether to return or not as stated below:

“Do I want to work in a setting where things are not comfortable; things are not really sorted out staff wise? You have an option not to work in a unit like that and go elsewhere and work in an environment where things are less, you know what ICU specialising is such a joy but these little things with a 12 hour shift can become so draining emotionally and physically if you have issues that’s not resolved and its looming in the atmosphere, so you are adding more pressure, why would you want to work in such a stressful environment, where you can go elsewhere and still enjoy that which you specialise in” (Participant 4).

A number of participants felt that work stress was the main reason for the high attrition rate amongst permanent nursing staff. Consequently, a shortage of nurses is experienced as a result of work stress and more nurses leave permanent employment to join nursing agencies, as revealed below, which attributes to the increased utilisation of agency nurses.

“I can see the permanent staff take a lot of stress and a lot of them are talking of leaving and some of them are leaving. Some leave to join the agency, some leave to go overseas” (Participant 8).

In addition, the greatest demand for agency nurses was for specialised areas such as the CCUs. Views expressed by participants were that it was particularly difficult to recruit and retain CCNs in CCUs. However, one of the attractions to agency nursing was the weekly pay system that is the availability of money on a weekly basis as stated below:

“What I enjoy about the salary is that I have money every week [laughs], it will be a problem to go back on a monthly basis, I enjoy it [money] and my family also phones me because they know I have got money,I work only two days, but the third day is a bonus, the fourth day I can actually go on a shopping spree” (Participant 3).

However, not all participants showed satisfaction with remuneration tariffs, weekly pay and incentives provided by nursing agencies. Many participants shared similar views in terms of poor remuneration from agency work. Discontentment with salaries was expressed. One participant had the following to declare with regards to her salary.

“I think the pay is appalling, absolutely appalling, when you consider the kind of work we are doing, looking after people’s lives, it’s shocking really that there are no perks, obviously as an agency nurse you don’t get pension, you certainly don’t get any housing subsidy and no medical aid. I have to pay my own medical aid, I don’t have a pension, I struggle on my salary, I don’t have a family to look after and I still struggle, that’s bad” (Participant 6).

A similar view was shared on the negative impact that legislature (South African Revenue Services) had on the agency nurses salary. The impact of legislature left the agency nurse with much unhappiness as the idea behind agency nursing work for this particular participant

was for financial benefit. This participant was dissatisfied with her remuneration and went to SARS for clarity:

“I want to go and clarify things personally with SARS (South African Revenue Services), to be taxed 29% amount, I consider myself a permanent member of staff for the nursing agency, I only worked 36 hours on a average week and to have 29% of my money taken away from me by SARS is just unacceptable” (Participant 6).

Reasons for doing agency work revealed that the need for flexibility ensured that work and home life was balanced, this need was more important than the need for permanent employment. Permanent employment was associated with stress and politics that agency nurses wanted to avoid. The lack of interest in permanent employment contributes towards the perennial shortage of nurses, consequently leading to an increase in utilisation of agency nurses.

The need for independence and personal development was further emphasised as positive attitudes were adopted towards patient care. Finally, financial benefits were viewed by some participants as rewarding; however, many shared similar views about the poor remuneration, legislature and economic trends in terms of the recent recession which led to much frustration, as it impacted their remuneration negatively. In conclusion, participants shared both positive and negative aspects for doing agency nursing work.

4.3.2 Experiences with hospital staff

This theme comprises of the adverse and positive experiences agency nurses had with hospital staff. The three salient aspects were support or the lack thereof as well as a sense of belonging and recognition. There were mixed feelings towards acceptance and belonging to a team.

Participants reported a lack of support from the permanent staff. This lack of support is especially prevalent when the units are very busy and the workload is high despite the usage of agency nurses. During the busy periods, permanent staff would ignore the agency nurses as explained by the following participant:

“There is no support but there is a reason for it, I can't say they do not support but they are so overworked and burnt out, I think that they [permanent staff] got third degree burn out. We had an agency nurse that did not have ICU experience but with a little support and oversee would have become one of the best agency nurse for the unit. I said to them give this agency nurse a chance and with a little bit of support, this nurse could be part of your permanent backup nurses” (Participant 9).

With the increased utilisation of agency nurses, and the ongoing changing practice in nursing within South Africa (Van Der Heever, 2008: np), agency nurses depend on the support from permanently employed staff. Similar views were shared by participants with regards to the indifference of the permanent staff to the agency nurses, invariably affecting the morale and team spirit as stated below.

“You don’t get much support from your colleagues [permanent staff]. You don’t have a team spirit” (Participant 8).

Orientation is of importance when placing agency nurses in a new environment. Similar views were shared with regards to orientation to the environment. Alspach (2005:11-14) confirms that lack of familiarity with the environment could lead to errors and incidents that could harm patients. This particular participant did not receive adequate support in a new environment and neither was there an available orientation package that could be used.

“I don’t think so, I don’t think there is enough support when you start in a unit, on that day they [permanent staff] will orientate you around but sometimes you start in a unit that is so busy there is no time for orientation and they give you your patient and you have to ask around where is this and where is that [equipment]” (Participant 7).

The lack of support in terms of orientation of new agency nurses could result in poor patient care. Patient concerns that need to be addressed such as emergencies (resuscitation), assessment of patients, family support and so on may go unnoticed. The lack of response or support leads to feelings of anxiety and vulnerability as mentioned by this participant.

“If you look at a new agency nurse, somebody that comes into a new situation, how vulnerable they feel and the unit is not known, they don’t know the staff. Now they don’t actually know where they stand and then you find that person is vulnerable because where is the support you want....orientation is very important and I come back to that, it’s very important” (Participant 4).

On the other hand different opinions exist in terms of the amount of support that is rendered to agency nurses in the clinical setting. Some participants felt that permanent nurses showed support if the agency nurse had worked most of their shifts in one particular unit. Having worked in one unit for most of their shifts allows for true collaboration by both the agency nurse and the permanent staff. Alspach (2005:11-14) confirms that in the pursuit of true collaboration the nurse must be relentless in fostering this collaboration. This participant acknowledged that permanently employed staff demonstrates mutual respect as inputs and problems of the agency nurse is timeously addressed.

“There is a lot of support ...they [permanent staff] ask for our inputs, they respect us and they get inputs from us about changes in the system, things like that we give input about

our problems,...the night manager gives us a lot of support and the staff working with us and yes the doctors too" (Participant 10).

Interestingly though, one participant commented that when there is inadequate support at the clinical settings, the onus should lie with the agency nurse to request such help as stated below:

"I think if I ask for support, it will be there...and I don't think that we must have that attitude that we are agency-nurses they [permanent staff] must help us all the time. We need to take responsibility and say: I need help now" (Participant 1).

Even though some participants had worked in a particular unit for several years, some agency nurses did not experience a sense of belonging or regarded as part of the team. When allocated in a new environment participants had to struggle against a feeling of weariness and isolation. Yet, despite working in the same environment for many years, there still is 'us and them' attitude. As experienced by this participant.

"I am starting to miss now after all these years that is becoming part of a team. I am working there permanently [fixed shifts as an agency nurse] they [permanent staff] don't see me as permanent or as part of the team or so and I am actually starting to miss it now to be part of a team" (Participant 8).

Yet, there were some participants that shared a general view that agency nurses were able to establish a sense of belonging and friendship if they worked in one particular unit over a period of time. Participants also felt that they were treated with respect and consideration.

One participant stated the following:

"They [permanent staff] are quite accommodating when you come in as an agency nurse and they help you to adapt to your shift because they would like to have you there, that's wonderful (Participant 3).

Followed by another participant confirmed that she too, after working for several years at one particular institution eventually experienced a sense of belonging:

"....last year was the closest we got to a thank you, they [permanent staff] had pictures of all the staff on a Christmas tree, some of our [agency nurses] pictures so then we can be a part of the team, that was the first year that we felt part of the team, that was the nicest thing" (Participant 10).

Finally with regards to experience with hospital staff, the third salient sub-theme was recognition. Recognition at the workplace is an important component for job satisfaction as revealed by Booyens (2004:680-699). On the other hand, some of the participants did not desire acknowledgement that had no meaning. For that reason, it is important for managers to recognise the potential of employees and act accordingly. Job opportunities together with

job enrichment programmes must be discussed with employees. Therefore, recognition must be meaningful and failure to achieve this, results in comments as stated below:

“For some people it's important to get recognition, for me it's not important for me. If there is people [nurses] especially I think junior people, I think give them a big award and a certificate or whatever....I would be too busy to appreciate such a nomination” (Participant 8).

Although some of the agency nurses had spent more than a decade in one particular unit, their dedication were not appropriately appreciated nor did they receive recognition for the input provided through the years. Alspach (2005:11-14) states that information/instructions must be disseminated on how staff can recognise the contributions of colleagues. Evidently, the comment below reveals the lack of recognition and contributions made by the agency nurse and the permanently employed nurse:

“There is nobody to thank you. The shift leader is under pressure as well and nobody is going to thank her so she is not going to thank me” (Participant 8).

There are some agency-nurses that felt recognised as confirmed by Alspach (2005:11-14) that nurses must be recognised and must recognise others for the value each brings to the work of the organisation as revealed below:

“I thought the awards ceremony was very pleasant, it was very good on the part of the agency” (Participant 6).

However, certain participants are motivated by the deep feelings of satisfaction that arise when patients responds well to treatment and quality patient care. The work itself is found to be rewarding as described below:

“The biggest reward for me is the baby that is critically ill and you can actually tell the mother that the baby is going home. So the best reward for me is when I can say here is your healthy baby. It is actually worth more than a payslip, more than any reward that is the biggest reward” (Participant 3).

In conclusion, the experiences that agency nurses have with permanent staff have both positive and negative characteristics. Although some participants may have enjoyed a more supportive relationship, there were those that described no support received from permanent staff. When agency nurses experience a lack of support, no sense of belonging or welcome, or recognition, one must guard against poor patient care (Alspach, 2005:11-14). Alspach further confirms that formal mechanisms must be created to value the contributions made by critical care nurses and to verify whether recognitions are meaningful to the recipients (2005:11-14).

4.3.3 Allocation of agency nurses

Allocation of agency nurses in particular three aspects were commented on such as the distribution of workload, cancellation of booked shifts and inappropriateness of ward allocation.

The distribution of the workload was viewed by some agency nurses as overwhelming. There was unequal distribution due to lack of available staff on duty. This type of allocation raises concern for the participants as they are more likely to make mistakes due to the heavy workload. The quality of care given to the patient becomes questionable as there is too much to do and too little hands. This type of allocation causes anxiety for the agency nurse as revealed below:

“Sometimes there is little support and you are the only person that knows what is actually going on and then you are the trainer, you have to train that person [another nurse], you have to observe that person, you have to orientate that person on one shift and sometimes that is tough. Especially when you have a new admission that needs your attention and you as a qualified person have to look after the very sick patient and then run around between the new admission and the person that needs your attention” (Participant 3).

One participant experienced a negative allocation, as it was believed that the agency nurse is getting a higher remuneration, therefore the agency nurse must do the work. The negative allocation of work refers to the excessive workload that this particular participant was assigned.

“You feel that there is a negative allocation, yes where people feel that you are the agency nurse, you [agency] do the work, we [permanent staff] do the sitting, it is quite obvious in certain units with specific permanent staff” (Participant 10).

Furthermore, fear of reprisal prevents agency nurses to discuss a too heavy workload with the permanent staff. The fear of not being booked to work again is shared by some participants, as at these particular healthcare institutions agency nurses are required on a more regular basis, whilst other healthcare institutions are known for their cancellations. Fear of shifts being cancelled and not being booked again prevents agency nurses from revealing that the workload is heavy.

“Yes, it happens at places that people [agency nurses] are not always communicating. They are scared that they will not be used again” (Participant 4).

Another key aspect that emerged was the cancellation of a shift and the unhappiness this caused. As no placements are guaranteed, cancellations of a shift for an agency nurse will occur from time to time, depending on the dynamics of the unit. Should patients be discharged or transferred, the arranged services of the agency nurses for that particular shift

are sometimes cancelled. This uncertainty causes much anxiety to the agency nurse. No payments are made as no shift was worked and what is more, is that much time was spent by the agency nurse to reorganise other commitments in order to make space for the proposed shift. This participant revealed the following:

“....a shift gets taken away, like you know when you get cancelled ...the stress levels are up if you don't get work,...like when you can work the children's' are at home” (Participant 10).

As explained by another participant not all shifts are cancelled due to the dynamics of the setting that is patients being discharged or transferred. Some cancellations that occur can be avoided as revealed below:

“You try to help them [permanent staff] the whole week as an agency nurse but when it comes to double pay your shift gets cancelled to accommodate the permanent staff, as the permanent staff gets preference over the agency staff” (Participant 9).

Cancellations are one of the aspects of agency nursing work; however, in certain cases it can be avoided, especially when it is due to unfair practices such as giving preference to a “favourite” staff member.

A salient point derived from a few participants was the inappropriateness of ward allocations of agency nurses. Despite the assertiveness of the agency nurse, inappropriate ward allocation still occurs. The inappropriateness of a placement could be the effect of arrangements made by the agency or the hospital. Initially the agency would contact the agency nurse and negotiate with the nurse about a shift in a specific ward. The allocation to the ward is reconfirmed when the agency nurse arrives at the hospital. From the time the initial call was made to the agency nurse and the arrival of the agency nurse at the hospital, the ward allocation may have changed by either service providers.

This creates much stress and anxiety on the part of the agency nurse. The agency nurse is compelled to work in an environment that creates a feeling of insecurity and weariness. Furthermore, the agency nurse may not refuse care due to the service level agreement signed between the agency nurse and the nursing agency. In addition, according to the scope of practice of a registered nurse, Regulation 2598 (SANC, 2010: np) ensures that basic care must be provided to ensure the safety of the patient at all times. The agency nurse has the necessary skills and abilities to provide basic care however; this is not the shift that the agency nurse had psychologically prepared for.

The inappropriateness of ward allocations has a profound effect on the demeanour and confidence of the agency nurse (Hass et al., 2006:149). Psychologically participants need to

be prepared prior to going onto a shift as to where they will be working. Participants would prefer to accept or decline a shift, depending on their experience or need to work. The views of some participants were of extreme unhappiness when they had to leave their booked shift to go and work in another department, especially when the department they were booked for required their expertise.

“You have been booked by the agency to work in a specific area and when you get there you are told to go to another department.....ultimately you feel manipulated into thinking what about the patient, what’s going to happen to the patient, but I still feel bullied....you get bullied to go and you know it makes a lot of people I know, colleagues of mine very unhappy, this has happened to me several times. One incident I believe sorted it out, I took a stance and then I was labelled difficult and told that I am not a team player” (Participant 4).

Inappropriate allocation of agency nurses leads to much unhappiness and anxiety. Participants shared similar views with regards to cancellation of a shift. In particular healthcare institutions cancellation of a shift was a regular occurrence in order to accommodate the ‘favourite’ nurse. In light of the shortage of nurses, appropriate distribution and allocation of workload when appropriately completed, contributes toward better patient outcomes (Alspach, 2005:11-14).

4.3.4 Communication of information

There are two aspects that emerged from communication of information, namely communication between the agency nurse and the nursing agency, communication between the agency nurse and the permanent staff. All participants highlighted the importance of communication in agency nursing work.

The nursing agency under study has training consultants that provides assistance and in-service training to agency nurses in the clinical area. The following participant reported that a lack of communication exists between the nursing agency and the agency nurses as explained below:

“There must be more communication like with the internet, informing us when the training consultants might be coming to the unit, but I might not be there, I might miss you like once in a while, if I am on lunch I won’t see you. I think there is a lot of people that might not even know the training consultants, so if you are on the internet I think that would be better.....there is a communication gap, I think there is a missing link” (Participant 9).

One participant stated that important information such as an increase in taxation should be communicated more effectively and within an appropriate time period. Lack of effective communication results in much anxiety and discontentment:

“I think it was shocking to go from 18% taxation to 29% without any prior warning from the agency, it caused a lot of stress financially and emotionally and I didn’t meet with much concern” (Participant 6).

The need for improved communication from the nursing agency is clearly reflected in the below mentioned comment. The participant was not consulted prior to the arrangement. The participant was without the necessary support and had to cope in an emergency department which is not her field of expertise. More so, it alleges that those who made the arrangement do not care for the patients or the nurses appointed to work there.

“I am not ER [emergency room] qualified, so they [agency] said don’t worry you will have two strong staff nurses working with you. When I arrived at the hospital both the staff nurses had cancelled. I don’t know this unit. The risk for the patient is too high, it’s just not fair. I asked who will be working with me tonight, they said there is no-one. I was worried about the patient and the risk” (Participant 1).

Effective communication between the agency nurse and the nursing agencies is essential as a relationship exists between these two parties. Effective communication creates a supportive environment and ensures emotional well being. A lack thereof can create much concern and anxiety as described above.

In addition, the quality of communication amongst agency nurses and the permanent employed staff at the various hospitals also prove to be of a poor standard. Agency nurses are not always informed regarding current reports or updates in terms of new policies and procedures that would be relevant to a unit. The agency nurse has to obtain the necessary information as stated below:

“Memo’s coming out, usually I look out every week I go through the new memos and things like that” (Participant 8).

Communication is essential to building good will and mutual respect. The quotation where the participant was not consulted prior to the booking of a shift shows a lack of respect and inconsideration by the agency and or the healthcare institution. Alspach (2005:11-14) confirms that communication must be effective and consistent to ensure good will and mutual respect.

4.3.5 Staff Development

Some participants believed that working in a variety of CCUs allowed them to develop in a positive way.

The remark below reveals that through exposure to various clinical settings, agency nurses become more skilled. These skills enable them to provide quality nursing care.

“I gained a lot of confidence, the fact that I worked at different places really gave me a lot of confidence” (Participant 1).

“You never find it’s the same in working in all the ICU’s. It’s different, like the patient on the ventilator, it’s never the same setting, never the same treatment like medication, it’s always different and that’s where you see the different ways about it [treatment] and you get favourable results even though it’s different results from what you’re used to” (Participant 7).

Apart from the training provided by agencies and hospitals, many participants realise the importance of being individually responsible for enhancement of clinical skills by updating their knowledge on a regular basis.

“I read a lot and even on the internet. I have a lot of friends that are doctors and so on and I always get their newest magazines on the newest antibiotics and procedures and things. I am still very interested in my field” (Participant 8).

The following participant do not regard the educational sessions provided by the nursing agency as always relevant:

“It’s just that I am not interested in doing an ECG again and learning how to do resuss again. Actually for me, it’s been there done that” (Participant 8).

Therefore, nursing agencies should, over and above mandatory requirements such as the completion of Basic Life Support courses in which employees must be found competent; also provide regular updates in terms of trends and technology. Moreover, in CCUs, the role of the CCN has increased exponentially since the late 1970s (Haut et al., 2006:393).

Although some agency nurses do not always perceive the educational sessions provided by the nursing agencies as relevant, others are unable to attend in-service training due to the inability of the nursing agency to provide more flexible timeslots. The latter is reflected in the statement of the following participant:

“There is a lot of opportunities and we know what the programmes are, sometimes it does clash, it is in the area that you can’t go to, or you don’t have transport, mine is basically for me at the moment is the time and to be there at 8’o clock in the morning and leave at 16hoo ‘o clock. I have a problem with my child being at school....there are always opportunities for

learning and personal growth in the unit. New drugs, medication, new procedures, always they come with things that I have to go back and read and things I like. Things are always changing and there is always things you can learn" (Participant 10).

The latter displays a need for participative decision making and more discussions between the agency nurses and the nursing agency in terms of relevant training and suitable timeslots. Failure to do so could have an adverse effect on the delivery of safe quality patient care.

To ensure safe quality patient care, several participants would have preferred participating in hospital in-service training sessions. However, this is not always possible, since hospital in-service training sessions do not always occur in the unit. Hospital in-service training sessions often occur in a specific lecture room during which time it is required that the agency staff should take care of the patients in the unit since these sessions are primarily aimed at permanent hospital staff. Permanent staff tends to be upset if and when agency nurses were invited to hospital in-service training sessions, as stated below:

"Especially training and funny enough the smaller hospitals would encourage to do training at the hospital. The bigger hospital unit managers would include you for training but the shift leaders would be upset. They [permanent staff] would view this as competition, where they team up together and say we are not going to involve the agency nurses.....this is childish, my point is that where you can gain knowledge why don't you share this, because it makes your responsibilities less, you gain by teaching somebody else" (Participant 3).

Another participant gave the following explanation:

"When a hospital does training, we are invited but not that often. If the unit is busy we have to stay behind and look after the patients. The permanent nurses do not give feedback unless you ask them...as an agency nurse you are at the back of the queue" (Participant 5).

It is evident that the in-service training sessions of some healthcare institutions are mostly reserved for the permanent employed staff. In conclusion appropriate in-service training must be provided to ensure that safe patient care is delivered. The onus lies with the agency nurse, the nursing agency and the hospitals to ensure that continuous staff development occurs.

4.4 SUMMARY

In this chapter the results of the study was presented and discussed. The biographical details as well as the extrinsic and intrinsic factors related to job satisfaction were discussed. Five clusters of themes emerged.

The findings revealed that nurses embark on agency nursing work for various reasons, e.g. flexible working hours, and to avoid the politics and stress that accompanies permanent employment. Personal development, independence and financial benefits were also cited as reasons for engaging in agency nursing work. One participant however, expressed discontentment with the current remuneration tariff.

The findings also confirmed that agency nurses are not always supported in the clinical setting. The distribution of the work load, the cancellation of booked shifts and the inappropriateness of ward allocation are some negative aspects that surfaced during the analysis of the data.

Some of the participants were of the opinion that the exposure to different CCUs contributed to feelings of enhanced confidence in the clinical setting and that the flexible hours and control gained through agency nursing work, enabled them to further their studies.

Frustration with in-service training sessions provided by the agencies were cited as well as an inability to attend these sessions due to a lack of participative decision making between the agency and the nurses employed.

In conclusion, chapter 5 will provide a concise overview of the key findings, demonstrating the realization of the study objectives. Chapter 5 will present appropriate recommendations based on the study and describe certain limitations of the study. This chapter will draw together the final conclusions of this study.

CHAPTER 5

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In previous chapters the researcher defined reasons for this study, presented an in-depth literature review and described the applicable research methodology and data analysis for the purpose of this study.

In this chapter the conclusions drawn from the analysis will be discussed according to the study objectives. Recommendations will be made according to the findings obtained in this study. An explanation of the limitations related to this study is included as well the final conclusions.

5.2 DISCUSSION AND RECOMMENDATIONS

The aim of the study was to explore the perceptions of agency nurses regarding job satisfaction within CCUs in private healthcare institutions. The discussion on the findings of the study in relation to each study objective follows:

5.2.1 Objective 1: Opinions of job satisfaction as experienced by agency nurses

Herzberg (1966: np) implied that job satisfaction and job dissatisfaction do not exist on the same scale (see chapter 2, conceptual theoretical framework). Job satisfaction and job dissatisfaction are two independent factors that range from satisfaction to neutral and from neutral to dissatisfaction, respectively (Herzberg, 1966: np, Staw, 1995: np). According to Grobler et al. (2006: np), hygiene factors for example, a market related salary and good interpersonal relationships are necessary but not necessarily enough to ensure job satisfaction. However, the absence of these factors this could lead to job dissatisfaction whereas motivators for example, recognition and achievement, when present at high levels contribute towards job satisfaction.

The agency nurses' opinions regarding job satisfaction are related to the extrinsic and intrinsic factors that influence their experience of job satisfaction. Hence some of the opinions discussed here might overlap with the facts discussed in the discussion of the other two objectives.

Both positive and negative opinions relating to job satisfaction of agency nurses within CCUs were revealed.

Hygiene factors such as salary elicited mixed responses. One participant revealed that being remunerated on a weekly basis is rather exciting (see chapter 4, section 4.3.1) and that the weekly income secures a constant availability of cash. Yet, another participant expresses dissatisfaction with the remuneration tariff calling it “appalling, absolute appalling” (see chapter 4, section 4.3.1). Furthermore, the current taxation on salaries from 18% to 29 % also caused discontent (see chapter 4, section 4.3.1).

Dissatisfaction in terms of job security (a hygiene factor) was also raised. The insecurity pertaining to sufficient shifts and a sustainable income (see chapter 4, section 4.3.3) is notable in the phrase, “a shift gets taken away, like you know when you get cancelled...the stress levels are up if you don’t get work”. However, Blythe et al. (2005:69-72) stated that the job market for nurses is such that they can pick and choose and don’t have to tolerate this insecurity.

Motivators such as the work itself and confidence gained through exposures in various settings contribute toward the positive aspects of job satisfaction. This further enhances the clinical skills of the agency nurse and subsequently contributes towards improved patient outcomes as described by one participant, “I gained more experience through the agency. You learn every day, there’s something new.....you get the same patient, treated differently with the same favourable results.....you develop your own skills...” (See chapter 4, section 4.3.1).

When autonomy (a motivating factor) was experienced, job satisfaction increased, as explained by one participant, “...I get to use my own judgement, we are fairly autonomous in the unit and I do enjoy that...that is a very nice aspect of agency nursing” (see chapter 4, section 4.3.1). Participants prefer to exercise their own judgment as this leaves them with a sense of accomplishment. This is also confirmed by Hass et al., (2006:149:152). However, one participant noted that she would prefer “someone looking over my shoulder” (see chapter 4, section 4.3.1) instead of the freedom to exercise her own judgment.

The findings of this study as indicated in chapter 4, section 4.3 and 4.4, reflect the desire of the agency nurse to care for patients and to provide the best possible quality of nursing care. Participants were of similar views with regards to tenure of agency nursing. Participants did not want to embark on permanent employment as they preferred the control they had over their practice.

Whilst ‘the work itself’, ‘recognition’, and ‘achievement’ were viewed in a positive light, extrinsic factors such as working conditions and lack of support led to feelings of insecurity

and unhappiness. Therefore, concerning the opinions of the participants with regards to job satisfaction, both positive and negative aspects of job satisfaction were experienced.

5.2.2 Objective 2: Intrinsic factors influencing job satisfaction of agency nurses

Intrinsic factors such as responsibility, recognition and achievement, the work itself and advancement motivate an employee to high levels of performance. Hence the findings are presented in relation to Herzberg's Theory of Motivation (see chapter 2, section 2.12.1) on conceptual theoretical framework.

The most common reason cited for doing agency nursing was the flexibility this type of work offered. Manias et al. (2003:278) confirm that nurses prefer agency nursing work due to the flexibility and control underlying this category of work. The participants were able to exercise control in deciding whether to accept or decline a shift.

Participants wanted to spend time with their families to ensure a balanced life. Navaie-Waliser, Lincoln, Karuturi and Reisch (2004:88-92) explained that a balanced life linked with flexibility in working hours appeared to be of significant importance to employees. Hospital routines did not support such flexibility as is allowed by nursing agencies.

The findings of the study revealed that agency nursing work allowed for greater autonomy (see chapter 4, section 4.3.1). Participants confirmed that when tasks are not closely supervised, agency nurses experienced a sense of autonomy and personal accomplishment (see chapter 4, section 4.3.1). Participants explained that agency nurses who use independent judgement and critical skills experience a greater sense of job satisfaction within CCUs. Hamman-Fischer (2008:53) confirms that those employees who experience autonomy at the work place are allowed a certain amount of freedom in their jobs. The amount of freedom includes freedom to participation in decision making, freedom of expression pertaining to their work, as well as freedom from close supervision.

In many instances as previously mentioned (chapter one, section 1.2) the full complement of nursing staff on duty comprised of agency nurses. Therefore, it is the belief that freedom from supervision is definitely linked to job satisfaction. However, the results of the study also revealed that some agency nurses preferred to have someone "look over their shoulders" (see chapter 4 sections 4.3.1). The latter is confirmed by Lambert, Hogan, Barton and Lubbock (2001:233-251) who state that the role of autonomy is overemphasised and has no impact on determining job satisfaction.

The findings of the study demonstrated that a sense of job satisfaction was experienced when agency nurses were involved in alleviating the pain and suffering of their patients. The work itself was interesting and challenging. Feelings of accomplishment, self actualisation and recognition contributed towards higher levels of job satisfaction for the agency nurse. Good clinical outcomes improved not only the quality of life of the patient, but also the quality of life of the agency nurse. Hamman-Fisher (2008:78) conceives that job satisfaction affects the employee's well-being and their quality of life along with organisational effectiveness and productivity.

The findings of the study (see chapter 4, section 4.3.2) showed that meaningful recognition plays an important part in factors that influence job satisfaction of an agency nurse. Opportunities to train and develop further were also important aspects for agency nurses. Many of the participants recognised the need to be trained in critical care nursing. These additional qualifications were also recognised and linked with their hourly tariff, thus CCNs enjoyed a higher tariff than most other agency nurses. However, this was not the most important reason for improving skills. The ability to work in different clinical settings strengthened their independence as well as their confidence. Hence, the results are in line with Herzberg's theory that money is not the most important element with regards to job satisfaction. Nevertheless, the absence of a market related salary could lead to dissatisfaction (Hamman-Fisher, 2008:204). Employees that rated their current level of benefit coverage as being better than others were more satisfied (Herzberg, 1966: np).

In conclusion, it can be deduced that intrinsic factors such as responsibility, recognition and achievement, and the work itself motivate an employee to high levels of performance. These aspects are viewed as positive experiences that increase job satisfaction. Positive aspects relating to job satisfaction were experienced by participants in this study.

5.2.3 Objective 3: Extrinsic factors influencing job satisfaction of agency nurses

The conclusions that have been drawn from this study offer support to Herzberg's (1966:np) Two Factor Theory. According to his theory, factors such as salaries, working conditions or company policies do not motivate employees unless the performance of the individual is at an acceptable level.

Although a number of participants expressed a need for market related salaries this was not a motivating factor for embarking on agency nursing work (see chapter 4, section 4.3.2). Salaries could not match their need to do fulfilling work (see chapter 4, section 4.3.2). However, a WHO report (2006:np) cited better remuneration as the main reason why nurses

leave their place of origin and seek employment elsewhere in the world. A study done by Dorse (2008: np) showed that 83% of nurses in private healthcare institutions were of the opinion that their salaries did not correspond with their skills and job description in the workplace. Nonetheless, a few participants in the study reflected that their salaries were not market related (see chapter 4, section 4.3.1).

The agency nurses who participated in the study viewed inadequate staffing, heavy workloads and a lack of resources as reasons for dissatisfaction. The allocation of agency nurses and the impact thereof on the delivery of safe patient care also caused discontent.

Moreover, Aiken et al. (2002:1993) postulate that inadequate staffing increases the turnover of nurses and leads to higher levels of job dissatisfaction and burnout. Inadequate nursing staff levels tend to have a higher rate of poor patient outcomes such as pneumonia, shock, cardiac arrest and urinary tract infection (Centre for nursing advocacy, 2004:02). Hence patient safety and nurse staffing have a profound effect on the saving of lives and the enhancement of job satisfaction (Aiken et al., 2002:1993).

The above-mentioned facts were confirmed by participants in the study who verbalised that they were under pressure to complete certain tasks and could not provide holistic care as their duties became more task driven. Further to this, patients with life-threatening conditions could not be closely monitored.

Aiken et al. (2002:1987) explained that each additional patient assigned to a nurse in a unit that is experiencing a nurse shortage results in a 7% increase in mortality rate, failure to rescue rate increases by 7%, the odds of nurses experiencing job dissatisfaction increases by 15% and the odds of burnout increases by 23%. In this study one participant indicated that “prayer” is all that prevents her from making mistakes that are harmful to patients.

The burden of non-nursing duties was a source of irritation to some of the participants. The participants were of the opinion that non-nursing duties are a waste of time and that support services should be available in the work place to complete tasks such as answering the telephone, ordering a meal and calling a porter. These menial tasks according to the participants, limit the time available for patient care and provoke feelings of dissatisfaction when too little time is spent on patient care.

The participants cited inappropriate allocation of agency nurses as a cause of discontent (see chapter 4, section 4.3.3). Some of the participants revealed that they experience feelings of anxiousness and weariness when they are exposed to an unfamiliar clinical setting. However, should they voice their concerns in this regard and explain their lack of

confidence in working in a different setting; this would be met with disdain. Consequently, the nurses felt more isolated and weary and experienced fear of reprisal, as confirmed by Hass et al. (2006:149).

The findings showed that participants who did experience a sense of job satisfaction in certain clinical settings would return to the same locality and served tenures lasting more than 7 years. The participants in this study preferred to avoid politics in the clinical setting. Hence, during instances where politics impacted on safe patient care the agency nurses experienced increased levels of discontent and would subsequently reschedule their shifts to avoid these institutions.

The cancellation of a shift was a source of unhappiness amongst the participants. The cancellation of a shift that was fairly explained and that happened as a result of changes in the hospital was acceptable. However, when a cancellation is based on the “favourite” (see chapter 4, section 4.3.3) nurse being booked instead of on competency and the ability to execute their duties as required, the underlying dynamic involved hampered a cordial working relationship with the permanent staff and resulted in job dissatisfaction on the part of the agency nurse.

Although the findings show that some agency nurses enjoyed a supportive relationship with supervisors in the clinical setting; other agency nurses reported a lack of support in the work place. A lack of support also prevented certain agency nurses from becoming familiar with their surroundings because orientation within the unit was nonexistent in some localities. There were neither preceptors nor mentors to assist the agency nurses to become more skilled and secure in their role, hence this had a negative impact on job satisfaction and retention. According to Grindel and Hagerstrom (2009:183-187), an improvement in the retention of the staff is related to higher levels of job satisfaction in the work place. The presence of mentors and preceptors also play a valuable role in ensuring that new nurses become more skilled and feel secure. Moreover, as nurses progress the need for such guidance and support will decrease.

In certain hospitals some participants were part of the decision making processes in terms of policy development, attending in-service training and unit meetings where ideas and concerns could be shared. These elements of participative management enhanced the level of job satisfaction which the nurses experienced.

However, participants are not always placed in settings where they are able to voice their concerns. Hence agency nurses who were scheduled in units where they were not included

in decision-making processes reported lower levels of job satisfaction. According to Palumbo, McIntosh, Rambur and Naud (2009:01-13), efforts must be made to increase the “voice” of every nurse as advocated by the Magnet hospitals. Nurses in Magnet accredited facilities enjoyed higher levels of job satisfaction. An overview of Magnet accredited hospitals was provided in (chapter 2, section 2.6).

In conclusion, the extrinsic factors influencing job satisfaction, such as working conditions, salaries and company policies, were experienced negatively by agency nurses. These aspects led to job dissatisfaction as in some experiences the participants had no support or orientation and were left to their own devices in a CCU. This resulted in some participants feeling vulnerable with no control over their environment.

5.3 LIMITATIONS

The study focused only on agency nurses in CCUs and did not explore opinions on job satisfaction in other nursing specialties. The experiences of permanent staff when working with agency nurses, the perceptions of unit managers regarding the increased utilisation of agency nurses, as well as the impact on continuous quality care as viewed by nurse managers regarding nursing agencies all need to be explored.

Further to this, the study was conducted in the private healthcare institutions of the Western Cape Metropolitan Area and excluded the wider population of public healthcare institutions. Data was collected from one nursing agency in the Western Cape Province. Although the agency under study supplies agency nurses to 23 CCUs within the private healthcare institutions of the Western Cape, critical care nurses working via other nursing agencies may have different views on the topic under study.

In addition, the other nursing agencies in the Western Cape revealed that they were reluctant to participate in the study due to agencies’ concepts with regard to commercial competition and confidentiality of data as the competition between and amongst nursing agencies is intense (Peerson et al., 2002:510-511).

Finally, participants were reluctant to participate in the study and in the process some declined participation. The sampling technique applied in this study, that is simple random sampling, restricted access to participants that would otherwise have been chosen had purposive sampling been applied. Purposive sampling, according to Creswell (2009:202), is based entirely on the judgement of the researcher in that a sample is composed of elements that contain the most characteristics of that population. However, simple random sampling was used to prevent researcher bias. In conclusion, the data collected may reflect positive

and negative aspects of agency nursing work with regards to job satisfaction as an agency nurse and further research is recommended.

5.4 RECOMMENDATIONS

Participants had embarked on agency nursing work to maintain flexibility and control over the number of shifts they wish to work. However, adequate orientation and the opportunity to negotiate appropriate allocation of ward assignments and improved communication are key elements to maintain or improve job satisfaction amongst agency nurses. The recommendations for this study are as follows:

5.4.1 Social Interaction

In the absence of hygiene factors (see chapter 2, section 2.12.1) workers experience increased levels of dissatisfaction. Therefore, opportunities for social interaction, group cohesion and a sense of belonging should be promoted. To promote and create a sense of belonging, nursing agencies could engage in corporate social investment programmes and invite both permanently employed nurses and agency nurses to participate. Furthermore, agency nurses should be encouraged to attend social functions such as year-end function, and ceremonies for the awarding of certificates and prizes. Hass et al. (2006:140-150) emphasize the importance of creating social networks since the latter assist in creating a sense of belonging on the part of the agency nurses.

5.4.2 Effective Communication

The results revealed that more efficient communication is needed between agency nurses and nursing agencies. Communication could be strengthened through the utilisation of facilities such as the internet, newsletters, postings on notice boards at tea rooms/cafeterias, text messaging, hospital visits and meetings by the nursing agencies. Nursing agencies should also strengthen communication links with the hospitals and engage in ongoing dialogues with them. More proficient communication will increase job satisfaction and improve the quality of nursing care in general (Navaie-Waliser et al., 2004:88-92).

5.4.3 Nurses Forum

It is strongly advised that a nursing forum be created at various localities. The nursing forum should be open to both the agency nurses, as well as the permanently employed staff. The primary focus should be to encourage dialogue amongst permanent staff and agency nurses. It is recommended that the nurse managers at the hospital as well as managerial staff at the agencies should actively support the nursing forum through the provision of funds and venues for meetings as well as by providing emotional support for nurses who

participate at this level. Regular information sharing sessions with follow up meetings on progress would assist with the sustainability of the forum.

5.4.4 Policies

Bajnok, Tucker, Woods and Kumar (2006:10) strongly advise that a healthy work environment can only be created with interventions that target underlying workplace and organisational factors. This study demonstrated how the global nurse shortage has led to an increase in the utilisation of agency nurses (see chapter 1, section 1.2). Since a clear linkage exists between nurse staffing and adverse patient/client outcomes, hospital management should be proactive and assist in the development of not only permanent staff, but should also include agency nurses in these processes.

Policies regarding human resource practices should be revised at hospital level to enable agency nurses to access opportunities for personal development such as in-service training sessions and team building sessions which are normally reserved for the permanently employed staff.

Unit managers should embark on proactive measures to ensure agency nurses participate in decision making processes. Regular meetings between agency staff and the permanently employed staff at ward level will not only improve the relationship between the two parties but will enhance clinical and organisational outcomes. The agency nurse must be able to voice her concerns without fear of reprisal. It is therefore recommended that agency nurses should be allowed representation at hospital managerial meetings.

5.4.5 Magnet Accreditation

Quality nursing leadership is linked with attaining good patient/client outcomes as well as with the recruitment and retention of staff. These characteristics are visibly present at Magnet accredited hospitals (Bajnok et al., 2006:17). Aiken, Buchan, Ball and Rafferty (2008:07) state that Magnet accredited hospitals can attract and retain nurses who provide superior nursing care.

However, for hospitals to achieve Magnet accreditation there should be processes in place that ensure flat organisational structures, participative management practices and nurses' independent judgement and autonomy. All these elements, according to Bajnok et al. (2006:10-17), assist in creating a better work environment. Hence, it is advised that private hospitals in South Africa should strive for Magnet accreditation and should establish a work environment that is beneficial for agency nurses and permanently employed staff.

5.4.6 Financial Incentives

Financial incentives such as pension funds, medical aids, bonuses and 13th cheques should be revisited as the absence of financial compensations will increase levels of job dissatisfaction. A study in the United Kingdom reflected “better pay” as part of the nurse’s wish list (Peerson, Reilly & Robinson, 2004:17-23).

Nursing agencies should provide a financial incentive to agency nurses who attend in-service training thus demonstrating organisational commitment (Bajnok et al., 2006: 25-29). Human resources practices should encourage market related tariffs that are fair and competitive. Agency nurses should receive regular updates regularly on regulatory policies concerning commission and taxation as these aspects impact on the hourly tariff paid to the agency nurse. According to SANC, a nursing agency should not charge a commission of more than 12.5% (Regulation no. 32).

5.4.7 Mentorship

The previous paragraphs focused on the retention and job satisfaction of agency nurses. These two elements should however be strengthened through a commitment to ensure a more formal mentoring programme. Mentorship should be part of the organisational culture. Such commitment will enhance retention and recruitment of new employees.

New orientation programmes should be designed with inputs from both the agency nurse and the permanently employed staff (Grindel & Hagerstrom, 2009:186-187). Mentorship programmes should be purpose driven with time lines for follow up, feedback and updates. Timelines should be realistic in nature. The allocation of tasks or duties should be within the job profile of the nurse. Mentorship programmes increase job satisfaction as the agency nurse feels more empowered and effective which leads to improved patient outcomes (Bajnok, 2006:29-33).

5.4.8 Staff development

In addition, nursing agencies should ensure a plan for ongoing professional and personal development since assisting the employees to improve their knowledge and skills displays organisational commitment. However, professional and personal development plans should be designed with the input of the agency nurse and the permanently employed staff. This investment would add value to the agency nurse and in addition, the agency nurse would be better equipped to provide improved patient care (Navaie-Waliser et al., 2004:88-92).

In conclusion, further research would be recommended as it would be of interest to view the experiences of agency nurses in other regions of South Africa.

5.5 CONCLUSION

In this chapter the findings of the study were discussed in relation to the study objectives.

The aim of the study was to explore the perceptions of job satisfaction of agency nurses working in CCUs in private healthcare institutions.

The findings of this study support Herzberg's theory on motivation factors in terms of what motivates workers to excel in their performance. The same applies for the hygiene factors. If the hygiene factors such as market related salaries and good interpersonal relationships were not met, dissatisfaction may surface.

Intrinsic factors (motivator) such as responsibility, recognition, achievement, and the work itself motivate an employee to high levels of performance. These aspects were viewed as positive experiences that increase job satisfaction.

Extrinsic factors (hygiene) influencing job satisfaction, such as working conditions, salaries and company policies, were experienced negatively by agency nurses. These aspects led to job dissatisfaction as in some experiences the participants had no support or orientation and were left to their own devices in a CCU. This resulted in some participants feeling vulnerable with no control over their environment.

It can, however, be concluded that agency nurses in the Western Cape Metropolitan Areas experience both positive and negative aspects of job satisfaction within CCUs of private healthcare institutions. The positive aspects that contribute to job satisfaction are the work itself, autonomy, recognition, work-life balance and control with regards to quality patient care. The negative aspects that decrease job satisfaction were the lack of non-market related salaries, poor interpersonal relationships at work, inappropriate staffing, and work load, the cancellation of shifts, inappropriate allocation and lack of resources.

Nevertheless, participants engaged in agency nursing work primarily for the flexibility this type of work offered. It was important that agency nurses receive adequate orientation; adequate support from permanent staff, appropriate work allocation, and effective and efficient communication as these are key elements to improving job satisfaction amongst agency nurses.

Therefore, the recommendations for this study are as follows: social interaction, effective communication, the implementation of a nurse's forum, policies, magnet accreditation, financial incentives, mentorship and staff development.

The limitation of the study included participants that were reluctant to participate in the study, confirming that purposive sampling should have been applied instead of simple random sampling.

The implication of the study suggest the need to include revision and implementation of human resource policies and practices in order to include the agency nurse's "voice" in an effort to provide a more supportive work environment.

In conclusion, further research is recommended, as it would be of interest to view the experiences of agency nurses in other regions of South Africa.

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Appendices

Appendix A: Semi-structured interview guide

APPENDIX A

Semi-structured Interview Guide
Topic: Perceptions and experiences of agency nurses about job satisfaction in intensive care within the private health care institutions
Inclusion Criteria: Critical care experience or qualified
At least 2 years of full time or part time employment as an agency nurse
Working in the private sector in the Western Cape Metropolitan area
Qualitative study: Phenomenological approach with Random Selection
General
Tell me about yourself?
How long have you been working for a nursing agency?
Are you currently working in ICU?
Tell me what motivated you to start working for a nursing agency?
What factors motivates you to continue with agency nursing?
What are your opinions with regards to job satisfaction?
What elements of agency work do you experience as positive?
What elements of agency work do you experience as negative?
Thank you very much for your participation
Adapted from: Medi-Nurse/Medi-Staff panel member survey;
University of Witwatersrand, Johannesburg, Appendix 2: Focus group discussion.

Appendix B: Information leaflet and consent form

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

TITLE OF THE RESEARCH PROJECT: Perceptions and experiences of agency nurses about regarding job satisfaction in intensive care units within the private health care institutions

REFERENCE NUMBER: N10/06/201

PRINCIPAL INVESTIGATOR: Vasanthi Collier

ADDRESS: 10 Archers Green
Victoria Palms
Summer Greens
7441
Vicky.collier@mhr.co.za

CONTACT NUMBER: 082 822 7225

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the interviewer of this study any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. Declining participation will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **Health Research Ethics Committee (HREC) at Stellenbosch University** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

- What is this research study all about? Perceptions and experiences of agency nurses about job satisfaction in intensive care units within the private health care institutions
- Where will the study be conducted; are there other sites; total number of participants to be recruited at your site and altogether.

The study will be conducted at the various institutions or at the agency in an interview room depending on the participant. The total number of participants will be 10 from a sample size of 553.

Explain in participant friendly language what your project aims to do and why you are doing it?

The aim of this research study is to explore the perceptions and experiences of agency nurses about job satisfaction in private health care institutions, in the Western Cape Metropolitan area. The information obtained could be used to inform or advocate for policy improvements within the nursing profession.

Explain all procedures.

A training consultant will be doing the interviews. There will be 10 participants. Each participant will be individually interviewed. The discussion will last about an hour to an hour and a half.

Explain any randomization process that may occur.

Random selection will be undertaken. That is each participant has an equal, independent chance of being selected. A sample of 10 will be drawn from 553 candidates that meet with the criteria. To meet the criteria of this study the participants must be working as a critical care nurse via a nursing agency and should be a professional nurse for at least 2 years within the private health care institutions.

WHY HAVE YOU BEEN INVITED TO PARTICIPATE?

Explain this question clearly.

You have been invited to participate as you meet the criteria of this study.

WHAT WILL YOUR RESPONSIBILITIES BE?

Explain this question clearly.

Many of the questions require a personal opinion. There is no definite right or wrong answer to the questions. We will require that you be honest with your responses. You may refuse to answer any questions that you do not feel comfortable answering. You may indicate that you do not know the answer to a specific question.

WILL YOU BENEFIT FROM TAKING PART IN THIS RESEARCH?

Explain all benefits objectively. If there are no personal benefits then indicate who is likely to benefit from this research e.g. future patients.

This study is voluntary. There will be no direct benefits to anyone who participates in the study. Also there will be no negative consequences for individuals that do not want to be interviewed. Also note that there will be no compensation in this study. The information obtained could be used to inform or advocate for policy improvements within the nursing profession.

ARE THERE IN RISKS INVOLVED IN YOUR TAKING PART IN THIS RESEARCH?

Identify any risks objectively.

There will be no risks involved. Declining participation will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

WHO WILL HAVE ACCESS TO YOUR MEDICAL RECORDS?

Explain that the information collected will be treated as confidential and protected. If it is used in a publication or thesis, the identity of the participant will remain anonymous. Clearly indicate who will have access to the information.

The information that you give during the interview will be treated as private and confidential. We undertake that all information provided by you will be used only for the purpose of the study. Your name will not be revealed in any written data or report resulting from the study.

Will you be paid to take part in this study and are there any costs involved?

No, you will not be paid to take part in the study and there will be no costs involved for you, if you do take part.

Is there anything else that you should know or do?

You can contact the **Health Research Ethics Committee** at 021-938 9207 if you have any concerns or complaints that have not been adequately addressed.

You will receive a copy of this information and consent form for your own records.

Declaration by participant

By signing below, I agree to take part in a research study entitled *(perceptions and experiences of agency nurses about job satisfaction in intensive care units within the private health care institutions)*.

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 2010.

.....
Signature of participant

.....
Signature of witness

Declaration by investigator

I (name) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use a interpreter. (*If an interpreter is used then the interpreter must sign the declaration below.*)

Signed at (place) on (date) 2010.

.....
Signature of investigator

.....
Signature of witness

Declaration by participant for the interview to be audiotape recorded

By signing below, I agree to take part in a research study entitled (*perceptions and experiences of agency nurses about job satisfaction in intensive care units within the private health care institutions*).

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I understand that I can decide whether or not the interview can be tape-recorded and that there will be no consequences for me if I do not want the discussion to be recorded.
- I am aware that information from the tapes will be transcribed and transcripts will be given a code and my name will not be mentioned.
- I understand that if the interview is tape-recorded that the tape will be destroyed after a period of 5 years.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I am aware that I can ask the person interviewing me to stop the tape recording and to stop the interview at any time.
- I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (place) on (date) 2010.

.....
Signature of participant

.....
Signature of witness

Declaration by investigator

I (*name*) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use a interpreter. (*If a interpreter is used then the interpreter must sign the declaration below.*)

Signed at (*place*)

Appendix C: Requesting Permission to conduct study at selected agency

10 Archers Green
Victoria Palms
Summer Greens
7441
19 July 2010

Ms Jeanine Visser
Medical Human Resource
T/a Medi-Nurse/Medi-Staff
Tygerpark
1st Floor
Willie van Schoor Avenue
Bellville
7535

Dear Ms Visser

Permission is hereby requested to complete Masters Degree in Medi-Nurse Nursing Agency in the Western Cape Metropolitan area.

It would be appreciated if permission could be granted to complete my research studies with Medi-Nurse agency nurses.

This study has been approved by the **Health Research Ethics Committee (HREC) at Stellenbosch University** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

TITLE OF THE RESEARCH PROJECT: Perceptions and experiences of agency nurses about job satisfaction in intensive care units within the private health care institutions.

REFERENCE NUMBER: N10/06/201

The aim of this research study is to explore the perceptions and experiences of agency nurses about job satisfaction in intensive care units within the private health care institutions, in the Western Cape Metropolitan area. The information obtained could be used to inform or advocate for policy improvements within the nursing profession and or agency environment.

Thanking you in advance for your consideration



Kind Regards

V. Collier
Masters Student (2nd Year)
Health Science Faculty
Stellenbosch University

HREC General ICF V1, Sept 2009

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Appendix D: Permission obtained at selective agency



RESEARCH DECLARATION

Name of Researcher: Ms Vasanthi Collier Identity Number: 6906060209089
University: Stellenbosch Programme: MCur
Medical Human
Employer: Resources Telephone Number: 0828227225
Address: Cnr Blouelie & Silverboom Street, Platteklouf Park, Platteklouf, 7407
Perceptions and experiences of agency nurses about job
satisfaction within intensive care units in the private health care
institutions in the Western Cape metropolitan

I hereby declare that:

- All information obtained during this research project will be handled as confidential.
- All information regarding participants in this research study will be handled as confidential.
- All participation in this research study will be voluntary and with informed consent.
- No identifiable patient details will be used in the research project (in other words, no name, identification number, physical address or contact details will be used).
- No copies of any patient documentation will be made.
- No patient documentation will leave the hospital premises.
- All Information obtained and disseminated will remain the property of Medi-Clinic Limited and made accessible to Medi-Clinic Ltd.
- All material produced which is eligible for copyright; such copyright shall vest in the Company, if the material reflects Medi-Clinic information.

Employees:


Extract from Conditions of Employment - "If, while you are employed by the Company, you produce any work which can be directly related to your employment with the Company and which is eligible for copyright, such copyright shall vest in the Company, and by signing these conditions of employment you shall be deemed to have ceded such copyright to the Company without any right to receive any valuable consideration therefore."

Signature Researcher: [Signature] Date: 31/08/10
Witness: [Signature] Date: 31/08/10

Compiled by: A Stroh

Effective Date: 25 August 2010

Appendix E: Ethical Approval from Stellenbosch University



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvennoot • your knowledge partner

28 June 2010 **MAILED**

Ms V Collier
Department of Nursing
2nd Floor
Teaching Block

Dear Ms Collier

Perceptions and experiences of agency nurses about job satisfaction in private health care institutions.

ETHICS REFERENCE NO: N10/06/201

RE : APPROVED WITH STIPULATIONS

It is a pleasure to inform you that a review panel of the Health Research Ethics Committee has approved the above-mentioned project with STIPULATIONS on 28 June 2010, including the ethical aspects involved, for a period of one year from this date.

1. The participants are agency nurses specifically working in an ICU environment therefore this should be reflected in the title. Please alter the title to reflect this.
2. Please remove the prompts from the Informed Consent Form.

This project is therefore now registered and you can proceed with the work. Please quote the above-mentioned project number in ALL future correspondence. You may start with the project. Notwithstanding this approval, the Committee can request that work on this project be halted temporarily in anticipation of more information that they might deem necessary.

Please note a template of the progress report is obtainable on www.sun.ac.za/rds and should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly and subjected to an external audit.


Translations of the consent document in the languages applicable to the study participants should be submitted.

Federal Wide Assurance Number: 00001372
Institutional Review Board (IRB) Number: IRB0005239


The Health Research Ethics Committee complies with the SA National Health Act No.61 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

Please note that for research at primary or secondary healthcare facility permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western Cape Department of Health (healthres@pgwc.gov.za Tel: +27 21 483 9907) and Dr Héliene Visser at City Health (Helene.Visser@capetown.gov.za Tel: +27 21 400 3981). Research that will be

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conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

Approval Date: 28 June 2010

Expiry Date: 28 June 2011

Yours faithfully

MS CARLI SAGER

RESEARCH DEVELOPMENT AND SUPPORT

Tel: +27 21 938 9140 / E-mail: carlis@sun.ac.za

Fax: +27 21 931 3352

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